

Visitor Screening Tool

DATE OF SCREENING: _____ TIME ARRIVED: _____ TIME LEFT: _____

NAME OF SCREENER: _____ SIGNATURE OF SCREENER: _____

NAME OF VISITOR: _____ SIGNATURE OF VISITOR: _____

TEMP: _____ RESIDENT VISITED: _____
 (Temp must be less than 100°F)

| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
|---|-----|----|---|
| Have you tested positive for COVID-19? • If YES, when was that test done? _____ | | | If YES and it has been fewer than 2 weeks ago - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days WITHOUT wearing proper PPE? | | | If YES - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Are you currently ill? | | | If YES - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Do you have symptoms of a cold, cough, shortness of breath, or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea? | | | If YES - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Do you currently have a fever, or have you had a fever or felt like you had a fever in the past 24 hours without taking fever reducing medications? | | | If YES - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Do you live with someone who has been a close contact and in quarantine due to a COVID-19 exposure? | | | If YES - STOP, please see IP for direction. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Have you traveled in the last fourteen days that potentially exposed you to any close contact with someone who was diagnosed with COVID-19 or had symptoms of COVID-19? | | | If YES- See the next question. |
| SCREENING QUESTION | YES | NO | DECISION FOR ENTRY |
| Have you been fully vaccinated? | | | If NO - STOP, please see IP for direction. |

It is the responsibility of every visitor to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure of a confirmed COVID-19 case.