



Name: Phone:	Date:
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COVID-19 Screening Questionnaire for Indoor Visits of SNF & AL Residents

This form must be completed by all visitors. Copies are to be kept by the Administrator.

Y or N 1. Do you have any of the following symptoms: Diarrhea, vomiting, nausea, fever, loss of smell/taste, cough, shortness of breath, or sore throat unrelated to seasonal allergies/sinusitis?

If you answer YES to Question #1 you will not be permitted to visit.

Y or N 2. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19

If you answer YES to Question #2 you will not be permitted to visit.

3. Temperature recording: _____ Staff member taking Temperature: _____

Please print full name

If your temperature is 100°F or higher you will not be permitted to visit.

Y or N 4. Have you tested positive for COVID-19?

4a. When was your positive test? _____(DATE)

IF YOU HAVE TESTED POSITIVE WITHIN 14 DAYS OF VISIT, YOU WILL NOT BE PERMITTED TO VISIT

OPTIONAL FOR ALL VISITORS

5. The result of facility administered COVID-19 test: _____ (POS/NEG)

5a. _____(Name of staff performing test)

Visitation Policy and Instructions:

- Visits will be between 9:30 AM and 7:00 PM.
- Visitors will be offered a test for COVID-19 by facility staff, in their car, prior to the beginning of visit.
- Visits will be limited to 2 visitors a day. Children should not attend indoor visitation unless they can remain seated and maintain appropriate mask placement at all times. No children below the age of 2 may visit as they cannot meet the mask requirements.
- Hand sanitizer will be provided and required to be used by visitors when they arrive and prior to departure.
- For non AMU visits, residents and visitors will be provided a surgical mask for the visit.
- For AMU visits, residents must wear a surgical mask while visitors don full PPE (Gloves, gown, surgical mask, face shield)
- Chairs/furniture will be sanitized between visits to ensure a safe and clean environment.
- During my visit, if my loved one isn't vaccinated, I will refrain from physical contact with my loved one.
- I understand I should maintain 6' or more away from my loved one during the visit.
- During my visit I will wear a mask, ensuring it completely covers my nose and mouth, the entire time of my visit.

I have read and understand the above stated requirements for my visit. My failure to comply with any of the above stated requirements will result in my visit ending and will prevent further visits from being scheduled.

Visitor Signature: _____

Date: _____

Effective: 3/16/2021