[FACILITY NAME]  
**Resident Check-In When Returning to Facility from an Outing**

This check-in form is to be used when residents leave the property during the COVID-19 pandemic. The form is to be used in conjunction with screening for signs and symptoms of COVID-19 upon return to the building (regardless if the resident is vaccinated or unvaccinated).

**We hope you had a nice, safe time away from our building!**

**Resident Vaccination Status**:

¨ **Unvaccinated\***

¨ **Partially Vaccinated\*** (less than two weeks after first or second dose of Moderna or Pfizer vaccine, or less than two weeks after one dose of the Johnson & Johnson vaccine)

¨ **Fully Vaccinated** (two weeks or more after second dose of Moderna or Pfizer vaccine, or two weeks or more after one dose of the Johnson & Johnson vaccine)

**Summary of experience away from building (check all that apply):**

¨ When in public settings, I wore a well-fitting mask, maintained social distancing, avoided crowds, avoided poorly ventilated spaces, covered my coughs and sneezes, and washed or sanitized my hands frequently.

¨ I went to an essential medical appointment, and needed to stay overnight at the hospital\*\*

¨ I am experiencing signs and symptoms of COVID-19\*\*

¨ During my time away from the facility, I experienced prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with the COVID-19 infection\*\*

\*Should result in a 14-day quarantine by the resident, unless the resident:

1. Tested positive by RT-PCR testing within the 90 days before returning to the facility from an outing.
2. Tested positive by antigen test within 90 days before returning to the facility from an outing and had symptoms during the infection.

\*\* Should result in a 14-day quarantine by the resident