FACILITY LOGO

WELCOME! We are thrilled you are here to visit one of our residents. Separation has been difficult for us all. Current regulations require all visitors to be screened before a visit is allowed. Please complete the upper half of this form (circle you answers) and follow the instructions outlined in the lower half of the form.

(1) Do you feel sick or do you have any of the following symptoms of COVID-19? YES NO

* Fever of 100 degrees of more
* Chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose (unrelated to seasonal allergies)
* Nausea or vomiting
* Diarrhea

(2) Have you had close contact with someone with COVID-19 infection in the past 14 days? YES NO

 (close contact = within 6 feet for more than 15 minutes in a 24 hour period)

(3) Contact tracing information:

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident you are visiting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If both answers above are “**NO**”, please utilize the alcohol-based hand sanitizer provided and bring this form to XXXXXXXXXX. Always wear a mask when in our building (surgical type mask preferred), maintain social distancing when possible (6-feet), and after dropping off this form, go directly to the resident’s room or designated meeting area. If the resident you are visiting has been fully vaccinated, close contact (hugging) is permitted! Visits are limited to X hours (optional). Please do not visit with other residents of staff during your visit.
2. If either, or both answers above are “**YES**”, please do not proceed any further into the building. Leave this form in the bin provided. If you have questions, please call XXX-XXX-XXXX.