

Visitor Screen – COVID-19

PLEASE PRINT

Date: _____

Resident Name: _____ Apt # _____

Visitor Name: _____

- Family
 Caregiver
 Housekeeper
 Contractor

For the health and safety of our residents, please place an “X” in the box that corresponds to your answer. After completing the Visitor Screen form, please proceed to the Resident Service Desk and present your form to the Resident Service Specialist who will take your temperature.

- I am fully vaccinated: defined as: received 2nd dose of the Moderna or Pfizer vaccines or 1 dose of the J&J vaccine at least 2 weeks ago. YES NO
- I have traveled from another state by air, train or bus within the last 14 days. YES NO
- If the answer to question #2 is Yes, I have quarantined myself for 14 days since my return home. YES NO

If the answer to question #3 is no, than your visit is not authorized until a 14-day quarantine has been completed.

Do you currently have any of the following symptoms of COVID – 19:

New or worsening cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of breath or difficulty breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fatigue	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Muscle or body aches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
New loss of taste or smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nasal congestion or running nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nausea, vomiting or diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any contact with someone known to be COVID+ in the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature

Temperature

Screened by (Initials)