

Facility Name: _____
Visitor Screening Tool For COVID-19

1. Do you have any of the following signs and symptoms of COVID-19?

- Fever or 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 _____
- GI symptoms: Nausea or vomiting, diarrhea _____

If you have any of the symptoms listed above, you should not enter the facility regardless of vaccination status.

2. Have you had a positive viral test for SARS-CoV-2 in the last 10 days? Yes No

- A visitor should not visit for 10 full days after a positive test regardless of their vaccination status.

3. Have you been exposed to a positive case of COVID-19 recently? If so, when? _____ (date of last exposure)

- Visitors who are **up to date** with COVID-19 vaccinations and had close contact with a positive case is allowed to visit as long as they remain asymptomatic.
- Visitors who are **not up to date** with COVID-19 vaccinations and had contact with a positive case should not visit for 10 full days following the last exposure. Day “0” is the date of the last exposure.

Visitors meeting any of the above criteria should be restricted from entering the facility until they have met criteria to end isolation or quarantine, respectively.¹ Visitors must follow the quarantine and isolation guidance for long-term care residents; the shortened CDC time periods for the general public do not apply. Visitors who have had COVID-19 in the prior 90 days are allowed to visit. Visitors who develop any new signs or symptoms within two days of their visit should notify _____ immediately.

¹Centers for Disease Control and Prevention (CDC). Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. September 10, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

I have read the above information and understand my responsibility.

Name (print) _____ Date _____

Phone number or email address _____

Signature _____