**Visitor Screening Form**

Visitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time of Visit: \_\_\_\_\_\_\_\_, 2021 \_\_\_\_\_\_\_ a.m./p.m.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a positive COVID-19 test? Yes No If yes, what was the date of the positive test? \_\_\_\_\_\_\_

Have you had any of the following symptoms in the past 72 hours?

* Fever (≥100.4°F) Nausea or Diarrhea Chills/Shaking with Chills
* Cough Muscle Aches or Pains Sore Throat
* Shortness of Breath New Loss of Taste or Smell Headache
* Fatigue Congestion or Runny Nose

Visitor’s Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ° F

Have you had close contact (within six feet for 15 minutes or more over a 24 hour period) with a person with confirmed COVID-19 infection in the prior 14 days? Yes No

Have you been fully vaccinated for Covid-19? Yes No (Answering this question is voluntary; however, if you wish to remove your mask during the visit and have close contact with the resident, proof of vaccination is required.)

**Acknowledgment**

By my signature below, I certify that my responses to the questions above are true and accurate to the best of my knowledge. I understand that if any of the responses are knowingly false when made that my visitation privileges will be revoked. I express my understanding and agreement to do the following, as conditions of visitation:

* If I am not fully vaccinated, defined as two weeks post receipt of the second dose in a two dose series, or two weeks post receipt of one dose of a single dose vaccine, I understand that I must wear a face mask at all times during my visit and remain socially distanced from others throughout the visit.
* If I am fully vaccinated, and the resident is fully vaccinated, I understand that I may remove my mask during the visit and have close contact (including touch) with the resident while alone in the visitation room or area. I understand I must wear a face mask when entering the facility and walking through common areas, and that I must remain socially distanced from others throughout the visit.
* If I am not fully vaccinated, but the resident is fully vaccinated, the resident may choose to have close contact (including touch) if we both wear a well-fitting face mask during the visit, and I clean my hands with alcohol-based hand rub or by handwashing before and after my visit.
* I understand I must socially distance myself from other residents and staff at all times, regardless of vaccination status.
* I understand I must clean my hands with alcohol-based hand rub or by handwashing before and after my visit.
* I understand I may not eat or drink during my visit unless the resident and I are fully vaccinated.
* I understand that if I develop any of the above-identified symptoms of COVID-19 or test positive for COVID-19 within 48 hours of my visit I must notify the facility immediately.
* I understand that if I am notified I was exposed to a person prior to my visit that tested positive for COVID-19 I must notify the facility immediately.
* I understand that I will be escorted to the visitation area, I must remain in the visitation area, and I may not enter any other parts of the facility.
* I understand that while an adequate degree of privacy will be allowed, the visitation will be monitored in order to observe adherence to these conditions, and if I fail to abide by any of these conditions of visitation the privilege of visitation will be revoked.
* I understand that SARS-CoV-2, the virus responsible for COVID-19, is a highly transmissible virus and long-term care facilities by nature house persons who are highly susceptible to COVID-19 and account for a large portion of morbidity and mortality related to COVID-19. As a result, visitation by persons outside of a long-term care facility with residents of that facility presents an increased risk of virus transmission and negative outcomes. By choosing to visit, I voluntarily assume all risks related to exposure to COVID-19 on my own behalf and on behalf of the resident that I am visiting.

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Signature of Visitor Date