# Visitor Screening Form

Visitor Name: _____ Date and Time of Visit: _____, 2020 _____ 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 | |

Have you been exposed to anyone with a positive COVID-19 test or any of these symptoms? ☐ Yes ☐ No
If yes, document date of exposure and circumstances: _____

_____

Visitor's Temperature: _____ ° F

## 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:

I understand I must wear a face mask at all times during my visit. If visiting a resident that is bed-bound, I understand I must wear a face mask, gown and gloves at all times during my visit.

I understand that I must remain at least six feet away from the resident during visitation.

I understand I may not hug, kiss, shake hands with, or touch the resident during visitation.

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.

I understand that if I develop any of the above-identified symptoms of COVID-19 within 72 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 the visitation will be monitored in order to observe adherence to these conditions.

I understand that if I fail to abide by any of these conditions of visitation the privilege of visitation will be revoked.

_____ _____

Signature of Visitor Date