



Screening Checklist – Visitors

Name _____

Date _____

Any visitor entering the community should be asked the following questions:

Have you used the alcohol based hand rub on entry?

- Yes
- No – please do so.

Do you have any of the following respiratory symptoms?

- Sore Throat
- Cough
- New Onset shortness of Breath

If YES to any, you will be asked to leave, assuring our residents remain safe.

If NO to all proceed to the next question.

Obtain their temperature.

Reading

Signature of Associate Completing Temp

If Temperature reading is greater than 100* (101.1* or Greater) ask them to please leave explaining the precautions of assuring our residents remain safe.

Have you:

- Travelled internationally within the last 14 days.
- Been in another health care setting that has confirmed COVID-19 cases.

If YES to any, you will be asked to leave, assuring our residents remain safe.

If NO to all proceed to the next question.

The purpose for your visit:

- Third Party contractors involved in meeting the resident's needs or maintaining the operations of the community.
- Immediate family member visits for critical or time sensitive reasons, such as hospice related visits, complete medical authorizations, etc.

Remember to:

- Wash your hands frequently as well as remember to use sanitizer throughout your time in the Community.
- Do not shake hands with, touch or hug individuals during your visit

Signature of Visitor