

Facility Visitor Questionnaire

(to protect residents against COVID-19 and other respiratory illness)

Name of Visitor: _____

Address: _____ Phone #: _____

Resident being Visited: _____

Date: _____ Time In: _____ a.m./p.m. Time Out: _____ a.m./p.m.

1. Do you currently have a respiratory-related illness? YES NO
Do you have a fever? YES NO
Do you have a cough? YES NO
Do you have a sore throat? YES NO
Do you have a runny nose? YES NO
Are you short of breath? YES NO
Do you have a new loss of taste or smell? YES NO
Do you have chills? YES NO
Do you have head or muscle aches? YES NO
2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? YES NO
3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? YES NO
4. Have you been tested for COVID-19 and are waiting to receive test results? YES NO
5. In the past 14 days, have you been on a commercial flight or traveled outside of the United States or to another state outside of Pennsylvania? (refer to list of high-risk states) YES NO
6. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States or to another state outside of Pennsylvania? YES NO

I agree to wash my hands with an alcohol-based hand rub, stay in the designated facility locations, and wear a mask for the duration of my visit to safeguard the residents and care staff from the possible spread of infection. I agree to stay seated during the visitation period and make no physical contact with the resident.

YES

Signature In

Signature Out

Staff Use Only:

Does Visitor show visible signs of a respiratory infection (cough, shortness of breath, runny nose, sneezing, etc.)?

YES NO

If yes, list symptoms observed:

Current temperature (F): _____

CHECK ONE:

- Refused Entrance: 1 or more "YES" answers above
- Refused Entrance: Fever >99.5 and/or visible signs of respiratory infection
- Allowed Entrance: No Fever >99.5 and no visible signs of respiratory infection

Staff Name / Signature

Date