ATTENTION: WORK WITH LOCAL DOH TO ENSURE FORM MEETS LOCAL REQUIREMENTS

Visitor Screening Tool

Visitor Name: _____ Visitor Signature: _____ Resident Visited: _____

Name of Screener: _____ Signature of Screener: _____

Date of Screening: Time of Screening:	Decision for Entry
Have you been tested positive with COVID-19? ☐ Yes ☐ No If **YES**, did you bring proof of two consecutive negative test results separated by 24 hours? ☐Yes ☐ No ☐ N/A	If tested positive AND did not bring proof of negative results: **STOP, Entry NOT Allowed!**
Obtain temperature and check for fever (>100.0°F). Document temperature here: _____	If showing or presenting signs or symptoms of respiratory infection, including fever, cough, shortness of breath, **or a combination** of the listed symptoms: **STOP, Entry NOT Allowed!**
Do you have now or in the last 14 days had the following: **Shortness of Breath: ☐ Yes ☐ No Cough: ☐ Yes ☐ No** ***OR at least two of these symptoms:*** **Sore Throat: ☐ Yes ☐ No Chills: ☐ Yes ☐ No Fever: ☐ Yes ☐ No** **Headache: ☐ Yes ☐ No Muscle Pain: ☐ Yes ☐ No Diarrhea: ☐ Yes ☐ No** **Repeated Shaking with chills: ☐ Yes ☐ No New Loss of Taste or Smell: ☐ Yes ☐ No**	
Have you been in close contact with person(s) infected with COVID-19 who has not tested negative for COVID-19 within the last 14 days? ☐ Yes ☐ No	If answer is YES: **STOP, Entry NOT Allowed!**
Have you traveled through an airport or on a cruise ship within the last 14 days? **☐ Yes ☐ No**	If answer is YES: **STOP, Entry NOT Allowed!**
Have you traveled to OR have resided in a community with **confirmed community spread of COVID-19**, as identified by the CDC or state public health agency, within the last 14 days? (In particular **New York, New Jersey, Connecticut or Louisiana**) **☐ Yes ☐ No**	If answer is YES: **STOP, Entry NOT Allowed!**
Education and/or Materials Provided? ☐ Printed materials ☐ Hand hygiene, with return demonstration	

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https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Symptoms-&-Testing