**VISITOR SCREENING TOOL**

Date of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022 Time: \_\_\_\_\_\_\_\_\_\_ AM/PM

Resident being visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rm. \_\_\_\_\_\_\_\_

Visitor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor's Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell

 Visitor's: E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the last 14 days have you had any of the following?

□ sore throat □ shortness of breath □ chills

□ cough □ diarrhea □ vomiting

□ runny nose □ congestion □ headache

□ fever □ repeated shaking with chills □ muscle pain

□ new loss of taste/smell

Have you been exposed to COVID in the past 14 days? □ Yes □ No

**TAKING PICTURES OF RESIDENTS AND OR POSTING PICTURES OF RESIDENTS ON SOCIAL MEDIA IS STRICTLY PROHIBITED BY FACILITY POLICY UNDER RESIDENT HIPPA/PRIVACY LAWS WITHOUT EXPRESS PERMISSION OF ADMINITRATION AND HEALTH CARE PROXY.**

By signing this form I agree to abide by all rules for visitation set forth by the Home. Violation of the rules will result in my being asked to leave and future visits may be denied.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Security use only:***

*□ Negative COVID-19 rapid test result within 1 day Rapid test kit given?*

*□ Negative COVID-19 PCR test result within 2 days □ Yes □ No*

*□ Frequent Visitor, test not required on this day\**

 *Temperature\_\_\_\_\_\_\_\_\_\_\_*

*Hand hygiene performed? □ Yes □ No*

*New face mask donned? □ Yes □ No Screener's initials:* \_\_\_\_\_\_

\*Visitors who visit multiple days must show proof of a negative test a minimum every third day. Request a tracking sheet from security and bring tracking sheet every time you visit or you will be required to show negative test.