



Coronavirus (COVID-19) **NON-VACCINATED APPROVED VISITOR**
Signs & Symptoms Screening

All persons under the age of 16 are RESTRICTED from visiting inside the Community.

Name: _____ Date: _____

Best Contact Number: (_____) _____ Agency Name: _____

Name of Resident(s) visiting? _____

1) Have you been PCR tested for COVID-19 and had a negative result within the last 72 hours? YES NO

If NO, for the health and safety of our residents and to minimize any potential exposure allowing us to remain as "open" as possible, we strongly encourage you to take a rapid test today, provided by Cedarhurst. DO YOU CONSENT TO A RAPID TEST FOR COVID-19? YES NO

Testing prior to a visit may be required by state or local guidelines.

TO BE COMPLETED BY CEDARHURST:

- Verified a negative PCR test within the last 72 hours? YES NO
- Result of the rapid Abbott COVID-19 test? POSITIVE NEGATIVE REFUSED

Cedarhurst Signature

Cedarhurst Printed Name

2) Have you or someone you are in close contact with tested positive for COVID-19 in the last 14 days? YES NO

If YES, you are restricted from entering until a negative COVID-19 PCR test result can be obtained after 5-7 days of exposure, or for a minimum of 14 days after you or your close contact are no longer positive for the Coronavirus (COVID-19) and are free from any signs or symptoms of COVID-19 for at least 72 hours.

3) Are you experiencing any of the following symptoms:

- a. Cough YES NO
- b. Shortness of breath or difficulty breathing YES NO
- c. Fever or chills (*current temperature is: _____*) YES NO

**fever is considered 99.5 degrees or above*

Also, please list any medications taken within the last 24 hours that may lower your temperature (Tylenol, NSAIDs, Aspirin or any cold medications):

- d. Fatigue YES NO
- e. Muscle or body aches YES NO
- f. Headache YES NO
- g. Sore throat YES NO
- h. Congestion or runny nose YES NO

MUST Complete Reverse Side

- i. Nausea or vomiting YES NO
- j. Diarrhea YES NO
- k. New loss of taste or smell YES NO

If YES to any, a rapid Abbott COVID-19 test may be administered. Regardless of the rapid test results, you are restricted from entering until a negative COVID-19 PCR test result can be obtained.

4) Have you used hand sanitizer upon entering the community? YES NO

Agreement of Understanding

I agree to the following parameters for this approved visitation:

- In accordance with visitor guidelines for General Indoor Visitors, Essential Caregivers, and/or Compassionate Care Visits;
- Must meet all the Signs & Symptoms Screening criteria;
- Must be escorted to/from the designated visiting area or Resident’s apartment or walk directly to the resident’s apartment (if resident is fully vaccinated) or the designated visiting area (if resident is not vaccinated or partially vaccinated);
- To remain at least six feet between persons; and
- Avoid being in common areas and not walk around different areas of the community.

By signing below, I hereby certify that:

- I have read, understand, and agree to the parameters of the approved visit;
- To notify Cedarhurst if I develop signs or symptoms of COVID-19 within 3 days after visiting or test positive for COVID-19 within 14 days after visiting;
- All my answers and statements in this Signs & Symptoms Screening & Acknowledgement are true to the best of my knowledge and belief;
- I will comply with proper infection control measures, **including wearing of a N95 mask covered by a surgical mask or face shield as directed**, practicing physical distancing, and handwashing and cough etiquette,
- Failure to follow the above parameters may **restrict** me from further indoor visitation.

Whenever possible, Cedarhurst will escort visitor to/from vaccinated resident’s apartment or to a designated visiting area for non-vaccinated residents.

_____ Date: _____
Approved Visitor Signature

_____ Approved Visitor Printed Name

_____ Date: _____
Cedarhurst Signature

_____ Cedarhurst Printed Name