



Coronavirus (COVID-19) **VACCINATED APPROVED VISITORS**

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) Are you within 15-90 days post completion of a COVID-19 vaccination series? [] YES [] NO
If NO, you must complete the Non-Vaccinated Approved Visitor Signs & Symptoms Screening.

TO BE COMPLETED BY CEDARHURST:
Date of completion of COVID-19 vaccination series? ___/___/___
Date is 15-90 days post completion of series? [] YES [] NO
Cedarhurst Signature
Cedarhurst Printed Name

- 2) 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
*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
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 (as available).
Regardless of the rapid test results, you are restricted from entering until a negative COVID-19 PCR test result can be obtained.

MUST Complete Reverse Side

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

Agreement of Understanding

I agree to the following parameters for an approved **Indoor** visitation:

- In accordance with State and County visitor guidelines for General Indoor Visitors, Essential Caregivers, and/or Compassionate Care Visits;
- Must meet 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);
- Avoid being in common areas and not walk around different areas of the community;
- To remain at least six feet between persons; and
- I will comply with proper infection control measures, including wearing of a surgical or N95 mask (Red Level or as directed), practicing physical distancing, and handwashing and cough etiquette.

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; and
- Failure to follow the above parameters may **restrict** me from further visitation.

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

Approved Visitor Signature

Date: _____

Approved Visitor Printed Name

Cedarhurst Signature

Date: _____

Cedarhurst Printed Name