



**Coronavirus (COVID-19) VACCINATED OR RECENTLY RECOVERED NEW RESIDENT**

**Signs & Symptoms Screening**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact Number: (\_\_\_\_\_) \_\_\_\_\_

*All new Residents must receive a negative COVID-19 test result within 72 hours of moving into the Community no matter their vaccination status.*

- 1) Are you within 15-90 days post completion of a COVID-19 vaccination series?  YES  NO
- 2) Have you recently recovered from COVID-19 and within 90 days from original diagnosis?  YES  NO

**TO BE COMPLETED BY CEDARHURST:**

Date of completion of COVID-19 vaccination series? \_\_\_\_/\_\_\_\_/\_\_\_\_

Date is 15-90 days post completion of series?  YES  NO

Considered recovered from COVID-19 and within 90 days of original diagnosis?  YES  NO

\_\_\_\_\_  
Cedarhurst Signature

\_\_\_\_\_  
Cedarhurst Printed Name

- 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         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Diarrhea                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k. New loss of taste or smell | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

***If YES to any, the new Resident will be either be isolated for a minimum of 5-7 days and tested for COVID-19 or isolated for a minimum of 14 days and be free from signs and symptoms of COVID-19 for at least 72 hours. Resident will remain on isolation until negative test result is obtained.***

**Agreement of Understanding**

By signing below, I hereby certify that:

- I meet the Signs & Symptoms Screening criteria;
- I have read, understand, and agree to the parameters of the approved **move-in** requirements to the Community;
- I will comply with proper infection control measures, including wearing of a surgical mask as directed, practicing physical distancing, and handwashing and cough etiquette,
- 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 will **restrict** me from **moving in** at this time.

\_\_\_\_\_  
New Resident Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
New Resident Printed Name

\_\_\_\_\_  
Cedarhurst Screener Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Cedarhurst Screener Printed Name