



Coronavirus (COVID-19)

VACCINATED OR RECENTLY RECOVERED

RESIDENT RE-ENTRY

Signs & Symptoms Screening

Name: _____ Date: _____

Best Contact Number: (_____) _____

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) 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 must stay isolated inside my room for either a minimum of 5-7 days and then test negative for COVID-19 or up to 14 days and be free from any signs and symptoms of the COVID-19 for at least 72 hours before being approved to reenter common areas of the Community.

4) Are you experiencing any of the following symptoms:

- a. Cough YES NO
- b. Shortness of breath or difficulty breathing YES NO
- c. Fatigue YES NO
- d. Muscle or body aches YES NO
- e. Headache YES NO

MUST Complete Reverse Side

f. 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):

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- 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, the 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.

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

Agreement of Understanding

By signing below, I hereby certify that:

- I have read, understand, and agree to the parameters of re-entering 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 may **restrict** me from further **re-entry** or require isolation precautions.

Approved Resident Signature Date: _____

Approved Resident Printed Name Date: _____

Cedarhurst Screener Signature Date: _____

Cedarhurst Screener Printed Name Date: _____