



## Coronavirus (COVID-19) **NON-VACCINATED 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. Once received, the non-vaccinated 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.*

- 1) Have you or someone you are in close contact with tested positive for the COVID-19 in the last 14 days?

YES  NO

***If YES, you are restricted from moving in until a negative COVID-19 PCR test result can be obtained after 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.***

- 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

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

***If YES to any, you are restricted from moving in until a negative COVID-19 PCR test result can be obtained, or for a minimum of 14 days after you or your close contact returned and are confirmed as not having any signs or symptoms of the COVID-19 for at least 72 hours.***

***If you do not qualify to move in at this time, please notify the Community Relations Director and the Executive Director so we can arrange the necessary precautions to facilitate your move into the community.***

**MUST Complete Reverse Side**

**Agreement of Understanding**

I agree to the following parameters for this approved **move-in** to the Community:

- Must meet the Signs & Symptoms Screening criteria;
- Must be escorted to/from my room, avoiding contact with other Residents and staff;
- Must be **isolated** to my apartment for either a minimum of 5-7 days and test negative for COVID-19 or a minimum of 14 days and be free from any signs and symptoms of the Coronavirus (COVID-19) for at least 72 hours before being approved to re-enter common areas of the Community.

By signing below, I hereby certify that:

- 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