cedarhurst SENIOR LIVING

Coronavirus (COVID-19) VACCINATED EMPLOYEE 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) Date of completion of COVID-19 vaccination series? ____/____/_____

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

4) 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, 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.

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

MUST Complete Reverse Side

Agreement of Understanding

By signing below, I hereby certify that:

- All my answers and statements in this Signs & Symptoms Screening & Acknowledgement are true to the best of my knowledge and belief;
- I will adhere to the COVID-19 testing guidelines set forth by Cedarhurst, State, County;
- I will comply with proper infection control measures, including wearing of a surgical or N95 mask (when on Red Level or as directed), practicing physical distancing, and handwashing and cough etiquette,
- Failure to follow the above may result in disciplinary action up to and including termination.

_____ Date: _____

Employee Signature

_____

Employee Printed Name

_____ Date: _____

Cedarhurst Screener Signature

_____

Cedarhurst Screener Printed Name