



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

Signs & Symptoms Screening

All persons under the age of 18 are RESTRICTED from visiting inside the Community.

Name: _____ Date: _____

Best Contact Number: (_____) _____ Agency Name: _____

Name of Resident(s) visiting? _____

- 1) Did you or someone you are in close contact with traveled by airplane, train, or cruise boat in the last 14 days? YES NO

If YES, can you confirm that you or your close contact wore a N95 mask for the duration of the congregate travel? YES NO

If NO, we ask that you wear a N95 mask covered by a surgical mask or face shield for the duration of your visit.
Do you agree to comply? YES NO

- 2) 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 are restricted from entering until a negative COVID-19 PCR test result can be obtained after 5-7 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.

- 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
- 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 entering until a negative COVID-19 PCR test result can be obtained, or for a minimum of 14 days and you are free from any signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.

MUST Complete Reverse Side

4) Please list all healthcare facilities, including hospitals, emergency rooms, long-term care facilities, senior living communities, outpatient treatment facilities, hospices and home health agencies, that you and those you are in close contact with have worked in/for or visited the last 14 days:

5) Do any of healthcare facilities you listed above have active COVID-19 tested positive for the Coronavirus in the last 14 days? YES NO

If YES, we ask that you wear a N95 mask covered by a surgical mask or face shield for the duration of your visit.

Do you agree to comply?

YES NO

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

Agreement of Understanding

I agree to the following parameters for this 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, avoiding contact with Residents and staff;
- Avoid being in common areas for extended periods of time; and
- Whenever possible, visit will be arranged during times when Residents are least likely to be in common areas

By signing below, I hereby certify that:

- I have read, understand, and agree to the parameters of the approved visit;
- All my answers and statements in this Signs & Symptoms Screening & Acknowledgement are true to the best of my knowledge and belief;
- Follow **proper infection control procedures**, including **handwashing and cough etiquette**; and
- Failure to follow the above parameters may **restrict** me from further visitation at this time.

Approved Visitor Signature

Date: _____

Approved Visitor Printed Name

Cedarhurst Signature

Date: _____

Cedarhurst Printed Name