



## Coronavirus (COVID-19)

### **RESIDENT RE-ENTRY**

### Signs & Symptoms Screening

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

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

**Residents re-entering the Community will be isolated for a minimum of 5-7 days and then tested for COVID-19. Resident will remain on isolation until a negative COVID-19 test result is obtained and are free from signs or symptoms of COVID-19 for at least 72 hours.**

- 1) Did you or someone you are in close contact with visit a hospital emergency room in the last 14 days?  YES  NO
- 2) Did you or someone you are in close contact with have congregate travel (i.e. airplane, train, cruise boat, etc.) in the last 14 days?  YES  NO
- 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, the Community's Regional Team & the Cedarhurst COVID-19 Response Team must be immediately notified so proper precautions can be made.***

- 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, the DON, ED, & Community's Regional Team must be immediately notified so proper precautions can be made.***

**MUST Complete Reverse Side**

5) 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:

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6) 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, the DON, ED, & Community's Regional Team must be immediately notified so proper precautions can be made.***

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

**Agreement of Understanding**

I agree to the following parameters for this approved **re-entry** 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 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.

By signing below, I hereby certify that:

- I have read, understand, and agree to the parameters of re-entering the Community;
- 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** at this time.

\_\_\_\_\_  
Approved Resident Signature

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

\_\_\_\_\_  
Approved Resident Printed Name

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

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

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

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

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