



## Coronavirus (COVID-19)

### **RESIDENT APPROVED FOR RE-ENTRY**

### **Signs & Symptoms Screening**

**All persons 15 yrs. or under are RESTRICTED from entering the Community.**

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

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

**All Residents approved for re-entry into the Community will be quarantined for a minimum of 14 days and are free from signs or symptoms of the Coronavirus (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 had 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 the Coronavirus in the last 14 days?  YES  NO

**If YES, you are restricted from entering 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 the Coronavirus (COVID-19) for at least 72 hours.**

**The Cedarhurst COVID-19 Response Team must be immediately be notified by the Community.**

4) Are you experiencing any of the following symptoms:  YES  NO

a. Fever (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):*

\_\_\_\_\_

b. Sore throat  YES  NO

c. Cough  YES  NO

d. Shortness of breath  YES  NO

**MUST Complete Reverse Side**

5) Please list all healthcare facilities, including hospitals, 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 been treated by/for or visited the last 14 days:

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Please note any other special circumstances or considerations:

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**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 inside my room for 14 days and be free from any signs and symptoms of the Coronavirus (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 the approved **re-entry** to 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 will **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: \_\_\_\_\_