



## Coronavirus (COVID-19)

### **NEW RESIDENT MOVE-IN**

### Signs & Symptoms Screening

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

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

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

**All New Residents approved to move into the Community will be *isolated* 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 had congregate travel (i.e. airplane, train, cruise boat, etc.) in the last 14 days?  YES  NO

**If YES, you are restricted from moving in for a *minimum of 14 days* since returning from the travel and are free from signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.**

- 2) 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 moving in 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.**

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

a. Fever (current temperature is: \_\_\_\_\_)

*\*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

**If YES, you are restricted from moving in until you are free from 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, 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 **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 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** 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 **moving in** at this time.

\_\_\_\_\_  
New Resident Signature

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

\_\_\_\_\_  
New Resident Printed Name

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

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

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

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

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