



Coronavirus (COVID-19) **NEW RESIDENT MOVE-IN** Signs & Symptoms Screening

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

Name: _____ Date: _____

Best Contact Number: (_____) _____

All new Residents approved to move into the Community will be either be isolated for a minimum of 7 days and tested for COVID-19 or isolated for a minimum of 14 days and are free from signs and symptoms of COVID-19 for at least 72 hours. If tested, Resident will remain on isolation until negative test result is obtained.

- 1) 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
If YES, you are restricted from moving in until a negative COVID-19 test result can be obtained after returning for a minimum of 7 days, or for a minimum of 14 days after you or your close contact returned and are confirmed as not having any 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 COVID-19 in the last 14 days? YES NO
If YES, you are restricted from moving in until a negative COVID-19 test result can be obtained after 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. New loss of taste or smell YES NO

If YES to any, you are restricted from moving in until a negative COVID-19 test result can be obtained, or for a minimum of 14 days after you or your close contact returned and are confirmed as not having any signs or symptoms of the 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, you are restricted from moving in until a negative COVID-19 test result can be obtained after 7 days of potential exposure or a minimum of 14 days after your last visit from the healthcare facility and are free from any signs or symptoms of the Coronavirus (COVID-19) for at least 72 hours.

6) Please note any other special circumstances or considerations:

If you do not quality to move in at this time, please notify the Community Relations Director and the Executive Director so we can arrange the necessary precautions to facilitate your move into the community.

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 either a minimum of 7 days and test negative for COVID-19 or a minimum of 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** requirements 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: _____