

COVID-19 ACTIVE SCREENING QUESTIONNAIRE

Your health and the health of our residents are of the utmost importance. Therefore, anyone coming into the facility will have their temperature taken and are asked to respond in writing to the following questions.

Within the last 14-days, have you experienced:

- 1. a new cough that you cannot attribute to another health condition? YES NO
- 2. new shortness of breath that you cannot attribute to another health condition? YES NO
- 3. new sore throat that you cannot attribute to another health condition? YES NO
- 4. new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise? YES NO
- 5. new and unexplained fatigue? YES NO
- 6. loss of sense of smell and/or taste? YES NO
- 7. headache? YES NO
- 8. a temperature at or above 100° or the sense of having a fever? YES NO

- 9. close contact (i.e., **within 6 feet for more than 10 consecutive minutes without the use of appropriate PPE**) with someone who is currently sick with suspected or confirmed COVID-19? YES NO

10. Have you tested negative for COVID-19 within the past 7 days?

YES NO

(If yes, visitor must show proof of negative results to the screener)

TO BE COMPLETED BY SCREENER :

Date test was performed _____ Test Site _____ Date results received _____

Form of proof shown for negative test result :

_____ email/text to phone _____ hard copy notification

_____ other (specify) : _____

- 11. Have you traveled out of the country or to a State on the list of those for which you must quarantine upon your return to New York ? YES NO

In signing this, I attest that the information given is true, that I will abide by the visiting policies set forth by Teresian House and that I will not attempt to hold Teresian House liable if I test positive for COVID-19 subsequent to visiting the facility.

Name (Please PRINT) _____

Address _____

Daytime Phone _____ Evening Phone _____

Email address _____

Signature _____

Name of Resident Being Visited _____ Room # _____

Date _____ Time _____

FOR FACILITY USE ONLY : The above mentioned visitor's temperature when taken by facility staff was within normal limits and the responses to all screening questions indicate that the visitor has not had symptoms of COVID-19 in the past 14 days. Signature of facility witness _____