



VISITORS:

Please read and carefully answer this important questionnaire. The purpose is to determine if a visit by you today presents a health risk to your loved one and others in the facility.

I am here today to visit with _____(residents name)

I am an immediate member of their family yes, no

If no, we are sorry, but you will have to postpone your visit. Please call the facility before you stop by again. Thank you.

Today's date _____

My name (please print) _____ Phone _____

Do you have a fever? yes, no

Do you have a cough? yes, no

Do you have any type of upper respiratory illness? yes, no

Do you have any shortness of breath? yes, no

Is anyone in your household experiencing a fever, cough, upper respiratory illness or shortness of breath?
 yes, no

If you answered YES to any of these questions, we are sorry but for the safety of your loved one you will have to postpone your visit. Please call the facility before you stop by again. Thank you.

Have you or anyone in your household returned from an out-of-country trip or been in contact with anyone who has returned from an out-of-country trip within the last 14-days? yes, no

If you answered YES to this question, we are sorry but for the safety of your loved one you will have to postpone your visit. Please call the facility before you stop by again. Thank you.

If a visit today is safe, we ask you to limit your visit to an hour or less. We ask that you limit your physical contact with your loved one as well as other residents and staff. Please sanitize your hands before and after your visit.

I attest the information provided above is accurate and true to the best of my knowledge as of the date indicated on the form.

Please sign: _____ Date: _____

Please return this form to our **Health Monitor**. They will review your answers and using state and federal guidelines they will determine if a visit by you today is safe for your loved one.