

COVID-19 Screening Questionnaire

Community: _____ Date: _____

Name: _____ Phone: _____

Resident Name: _____ Email: _____

(Team Members, list Work next to resident name)

1. Have you experienced signs or symptoms of respiratory infection, fever, cough, shortness of breath, sore throat **OR** other flu-like symptoms in the last 14 days?
_____ YES _____ NO

2. Has anyone in your household experienced signs or symptoms of respiratory infection, fever, cough, shortness of breath, sore throat **OR** other flu-like symptoms in the last 14 days?
_____ YES _____ NO

3. To the best of your knowledge, have you had any direct contact with anyone who has tested positive or under investigation for COVID-19 or are ill with respiratory illness in the last 14 days?
_____ YES _____ NO

If YES, where and when: _____

4. Have you traveled anywhere on international travel or an area heavily impacted by COVID-19 in the last 14 days?

If YES, what was your date of return? _____

_____ YES _____ NO

5. In the last 14 days, have you been on a cruise ship, been in an airport or participated in other settings where crowds are confined to a common location greater than 50 people?

If YES, what was the date of return or the date of the event? _____

_____ YES _____ NO

6. Did you visit or do you reside where community-based spread of COVID-19 is confirmed?

_____ YES _____ NO

If YES, where: _____

7. Do you or does anyone in your household work, volunteer, or attend school at a location that is known to have or has had any positive cases of COVID-19 in the last 30 days?

_____ YES _____ NO

If YES, which facility: _____

**AFTER COMPLETING QUESTIONNAIRE - PLEASE REVIEW EXPECTATIONS ON
NEXT PAGE**

1. **IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE:**
 - **YOU CAN NOT ENTER THE COMMUNITY**
 - **WHEN WAS THE LAST TIME YOU VISITED THIS COMMUNITY, WITH YOUR LOVED ONE AND/OR MET WITH A TEAM MEMBER?**
 - **DATE:** _____
 - **PLEASE MEET WITH THE CONCIERGE TO MAKE ALTERNATIVE PLANS TO CONNECT WITH YOUR FAMILY MEMBER. FACETIME/SKYPE**
2. **IF YOUR ANSWERS ABOVE ARE NO, PLEASE HAVE YOUR TEMPERATURE CHECKED BY OUR STAFF AT THE FRONT DESK BEFORE ENTERING OUR COMMUNITY.**
3. **IF AFTER VISITING THE COMMUNITY YOU DEVELOP SYMPTOMS, PLEASE LET OUR EXECUTIVE DIRECTOR AND/OR WELLNESS DIRECTOR KNOW IMMEDIATELY.**
4. **NO CHILDREN UNDER THE AGE OF 18 WILL BE ALLOWED**
5. **NO VISITING PETS WILL BE ALLOWED**
6. **PLEASE LIMIT ESSENTIAL VISITS TO ONE INDIVIDUAL PER VISIT**

YOU AGREE THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. YOU AGREE THAT YOU WILL NOTIFY MANAGEMENT IMMEDIATELY OF ANY CHANGES TO YOUR ANSWERS.

Signature: _____ **Date:** _____