

Visitor Screening Questions



Please talk through each of these questions with each family member (that meets the end of life care exception), each pharmacy provider and every medically essential vendor before they enter your campus. Anyone who refuses to take this screening, or who does not pass the screening, **is to be denied entry to the campus and asked to immediately leave.**

INTRODUCTION: Thank you for taking the time to answer these questions. I know that this may be frustrating for you, but we want to take all measures we can to ensure the health and safety of our residents, staff and family.

Name: _____

Date of Initial Completion: _____

Have you traveled outside of the state you live in the past 14 days? Where? _____

How did you travel? Plane Car

Have you...

| | | |
|---|---|---|
| Traveled internationally in the past 14 days? | Y | N |
| Taken a cruise in the past 14 days? | Y | N |
| Been in close proximity to a suspected or confirmed case of COVID-19? | Y | N |
| Been exposed to anyone who has or had been quarantined? | Y | N |
| Experienced any flu-like symptoms or respiratory illness? (coughing, fever, shortness of breath, sore throat) <i>*circle all symptoms that apply*</i> | Y | N |

What is your current temperature? (A Trilogy employee will take your temperature). _____

ASK THE VISITOR IF THERE HAVE BEEN ANY CHANGES IN THEIR RESPONSES TO THE ABOVE QUESTIONS SINCE THEIR LAST SCREENING: If YES, then complete a new form.

| DATE | TEMP. | SCREENER INITIALS | DATE | TEMP. | SCREENER INITIALS |
|------|-------|-------------------|------|-------|-------------------|
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