New Communities
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COVID-19 Visitor Screening Checklist

Name:_____ **Business Name:**_____

Your phone #:_____ **Your email:**_____

Purpose of visit:_____

Date & Time In and Out: _____ **Reviewed by Supervisor:**_____

Many of the residents who live at this facility are at higher risk for contracting a severe case of COVID. Please wear a face mask while visiting.

1. **Visitor temperature taken at the designated checkpoint.** Temperature reading:_____

2. **Within the past 5 days, have you had any of the following new or unexplained symptoms?**

   - ☐ Temperature of 100.4° or above
   - ☐ Shortness of breath or difficulty breathing
   - ☐ Cough
   - ☐ Headache
   - ☐ Muscle or body aches
   - ☐ Congestion or runny nose
   - ☐ Sore throat
   - ☐ Loss of taste or smell
   - ☐ Nausea or vomiting
   - ☐ Chills
   - ☐ Fatigue
   - ☐ Diarrhea

   - ☐ **YES**
   - ☐ **NO**

3. **Within the past 7 days, have you had contact with anyone who has COVID-19?**

   - ☐ **YES**
   - ☐ **NO**

4. **If you answered YES to either of the above, have you received a negative COVID-19 test in the past 2 days?**

   - ☐ **YES. You may enter the facility, but please wear a mask for the safety of our residents and employees.**
   - ☐ **NO. Please consider taking a test and rescheduling your visit.**

If you answered NO to questions 2 and 3, you may enter the facility.
Please wash your hands or use alcohol-based hand rub on entry to the facility.

Thank you for your support keeping residents and employees healthy.