



RESIDENTIAL VISITOR SCREENING*

Sheltering Arms cares about the health of clients and employees. During this time of the Coronavirus pandemic visitor health screening measures are in place for the safety of all.

Location (circle)	Clifford / McMurray / 162nd / Astoria / WPR / SARC / LSP / ADD DD Sites
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Date:	Time:
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Temperature**	Circle: Temporal / Tympanic / Oral
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<u>In the past 14 days have you had or do you now have:***</u>	<u>Yes</u>	<u>No</u>	<u>Note (for all "Yes" answers)</u>
A fever higher than 100.0****? <ul style="list-style-type: none"> • If yes, when was the last time you took medication to treat your fever? • When was your last fever higher than 100.0? 	____	____	____ ____
A cough, difficulty breathing or shortness of breath?	____	____	____
A sore throat?	____	____	____
Have you had a headache?	____	____	____
Have you experienced body aches? Muscle aches? Chills? Chills with shaking?	____	____	____
Nausea? Vomiting? Diarrhea?	____	____	____
Experienced a loss of taste? Smell? Change in taste?	____	____	____
Traveled outside the US in the last 14 days?	____	____	____
Been exposed to anyone with COVID 19?	____	____	____

*This screening is done at the direction of NYS.

**If your temperature is 100.00 you will not be admitted as your fever is a sign of potential illness.

***An answer of "Yes" to any of these questions will exclude you from visiting today as it indicates that you may have been exposed to the coronavirus or another viral illness. ***If no fever and it has been 72 since the visitor last took medication for fever and "no" to all other questions, the visitor may enter the facility.

Visitor's signature:

Visitor name (printed):

Reviewed by (signature):

Reviewed by (printed)

NOTE: Form is retained in a secured cabinet for 90 days then shred.