

Nursing Home Visitor Screening Form

Please complete this screening form prior to entering the facility. This document is maintained for the safety and health of our residents and staff.

1. Visitor Information

Visitor Full Name:

Contact Phone Number:

Date of Visit:

Time In:

Resident to Visit:

Resident Room Number:

2. Health Screening Questions

Please answer the following questions by typing **YES** or **NO** in the space provided.

Current Body Temperature (if taken at entry):

Are you currently experiencing a fever, cough, shortness of breath, sore throat, or muscle aches?

Have you had close contact with anyone diagnosed with, or suspected of having, an active infectious illness (such as COVID-19 or Influenza) in the past 14 days?

Are you currently waiting for the results of an infectious disease test due to symptoms or exposure?

3. Acknowledgment and Signatures

By signing below, you certify that the information provided is accurate to the best of your knowledge.

Visitor Signature (Print Name to Sign):

Date Signed:

For Staff Use Only

Screened By (Staff Member Name):

Screening Outcome (Approved or Denied):

Time Out: