

# Nursing Home Visitor Health Screening Template

To ensure the safety of our residents and staff, all visitors must complete this health screening form prior to entry. Please fill out all fields clearly.

## 1. Visitor & Resident Information

Visitor Full Name:

Phone Number:

Date of Visit:

Time In:

Resident Name to Visit:

Relationship to Resident:

## 2. Health Screening Questions

Please answer "YES" or "NO" to each of the following questions:

1. Are you currently experiencing any symptoms of respiratory illness (e.g., fever, cough, sore throat, shortness of breath, loss of taste/smell)?
2. Have you had close contact with anyone diagnosed with COVID-19 or another contagious illness in the past 14 days?
3. Have you recently traveled internationally or to a high-risk area under active travel advisories in the past 14 days?
4. Are you currently under any official self-quarantine or isolation orders?

## 3. Clinical Screening (Staff Use Only)

Measured Temperature (°F/°C):

Screening Status (Approved / Denied):

## 4. Acknowledgement & Signatures

By signing below, I certify that the answers provided above are true and accurate to the best of my knowledge.

Visitor Signature (Sign Name):

Staff Screener Signature (Sign Name):