PROTECT AGAINST
COVID-19

IVES HILL
SENIOR LIVING BY HERITAGE

VISITOR SCREENING Questionnaire

No	Yes	
☐	☐	I have traveled to an area that is currently restricted by state order within the last 14 days.
☐	☐	I have been in close contact with people who have traveled to countries where COVID-19 is spreading within the past 14 days.
☐	☐	I have been around people who are sick with colds or flu.
☐	☐	I have symptoms of a cold.
☐	☐	I have a fever, or have had a fever within the past week.

If you have marked yes to any question, please postpone your visit for at least 14 days after the start of your symptoms.

Contact your healthcare provider if your symptoms get worse. Thank you for understanding.

_____ _____
First and Last Name Signature

_____ _____
Email Address (if available) Daytime and Evening Phone Number

_____ _____
Physical Street Address Date/Time of Visit

_____
Vendor (if applicable)

☐ I refuse to complete this form, and understand I will not be able to enter the facility.

RETURNING VISITORS:

Have any symptoms changed in the last seven days? NO | YES
If yes, please explain _____
Date/Time of Visit _____

FOR **OFFICE USE ONLY**

The person above has been cleared for visitation. Initials _____ Date/Time _____

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