SAMPLE VISITOR COMMUNICATION: COVID-19 SCREENING QUESTIONNAIRE Update specifics as needed to apply to your community. Visitor Name: _____ Date: ____ Purpose of Visit: If YES to any of the below questions, the guest may not visit today. YES NO 1. Do you currently have a fever, cough, shortness of breath, loss of taste or smell, or any respiratory symptoms? 2. Have you had recent contact with someone infected or suspected to be infected with COVID-19? 3. Have you had recent close contact with any person(s) experiencing fever, cough, shortness of breath, loss of taste or smell, or any respiratory symptoms? 4. Do you currently have any symptoms of nausea, vomiting, or diarrhea? 5. Have you had recent close contact with any person(s) experiencing nausea, vomiting, or diarrhea? **Current Temperature** (to be taken by community staff): If visitor's temperature is greater than or equal to 100.0°F, then the guest may not visit today. Have you or someone in your household traveled outside of Virginia within the last 30 days? Some areas are experiencing community spread of the novel coronavirus. Anyone that has traveled to those areas may not visit {ALCOMMUNITY} until 14 days have passed since returning home. □ No ☐ Yes, complete the below items. List areas visited (e.g. state, country, cruise area) List airports traveled through o Date of return: Please consult with the {STAFF PERSON} if there is any concern about the recent travel locations of potential visitors before authorizing access into {ALCOMMUNITY}. The information provided on this questionnaire is true and accurate to the best of my knowledge. **Visitor Signature** Date Executive Director/Community Designee Signature Date