Three Pillars
SENIOR LIVING COMMUNITIES

OUTBREAK PREVENTION SCREENING DECLARATION

☐ **Employee** ☐ **Visitor** ☐ **Resident** ☐ **Vendor**

For the protection of our residents, employees, visitors and vendors must declare the following:

Do you or any member of your household have any of the following signs or symptoms of respiratory infection or possible exposure (check all that apply):

Self | Household Revised 7.10.20

☐ ☐ Mass Transit – have traveled by airplane or other mass transit in last 14 days.

☐ ☐ Direct Contact – have had known unprotected (no mask) direct contact with person tested positive for COVID-19.

☐ ☐ Fever greater than 100.0ºF – take at home prior to coming to work, if possible.

☐ ☐ New or worsening cough (not associated with an existing/known condition – smoking, snoring, allergy nasal drip).

☐ ☐ New or worsening shortness of breath or difficulty breathing (not associated with existing/known condition or anxiety).

☐ ☐ Sore throat (not associated with an existing/known condition – smoking, snoring, allergy nasal drip).

☐ ☐ Myalgia (muscle/body aches of unknown cause).

☐ ☐ Chills

☐ ☐ Chills with repeated shaking

☐ ☐ New, worsening, or unexplained headache

☐ ☐ New loss of taste or smell

☐ ☐ New, worsening, or unexplained congestion or runny nose

☐ ☐ New, worsening, or unexplained nausea or vomiting

☐ ☐ New, worsening, or unexplained diarrhea

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☐ ☐ NONE – I declare that none of the above apply to myself or members of my household.

Print Name: _____ Signature: _____ Date and Time: _____

Company (if applicable): _____ Person to see or reason for visit _____

☐ **MCHR** ☐ **VOS** ☐ **CP** ☐ **RSL**

Staff Use:

Recorded Temperature: _____ By: _____ _____ _____

(Staff Recorder) *Date* *Time*

☐ Staff Temperature screening card initialed

☐ Required Review by Nurse _____ _____ _____ ☐ **Approve** ☐ **Deny**

(Nurse Signature) *Date* *Time*

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