

Dunwoody Village Visitor Screening Questionnaire

Name (please print): _____ Date: _____

1. Have you or anyone in your household tested positive for COVID-19 in the last 14 days? YES NO
2. Have you been in contact with anyone that has tested positive for COVID-19 in the last 14 days? YES NO
3. Are you experiencing any of the following symptoms?
 - YES NO Fever
 - YES NO Cough
 - YES NO Shortness of breath or difficulty breathing
 - YES NO Muscle or body aches
 - YES NO Loss of sense of taste or smell
 - YES NO Sore throat
 - YES NO Nausea or vomiting
 - YES NO Diarrhea
4. Temperature _____

***For the safety and health of our residents and staff, we will need to cancel and reschedule your visit for any answers of “YES” to the screening questions or a temperature of 100° or higher. ***

With whom are you visiting? _____

COVID Protocols:

1. **Screening** at the front desk of all visitors to our campus for any signs and symptoms of COVID-19.
2. **Hand Hygiene** by hand washing or using hand sanitizer upon entering and exiting the facility.
3. **Symptom check:** do you have fever, headache, chills, sore throat, cough, body aches, shortness of breath, loss of sense of taste and smell? If you have any of these symptoms, please refrain from visiting your loved one until your symptoms are checked by your physician.
4. **Face covering or mask: covering mouth and nose, a surgical or cloth mask except when eating or drinking.**
5. **Social distancing** at least 6 feet between persons.
- 6.. Please **refrain** from congregating in indoor common areas.

I have reviewed and understand the above Covid protocols:

Visitor Signature _____

Staff Signature _____