

Garvey Manor and Our Lady of the Alleghenies Residence
Visitor Screening Form

Name (Print): _____

Date: _____ Time: _____ Room Visiting: _____

My signature affirms that I:

☐ Agree to follow all infection control procedures at all times while near resident and encourage the resident to do the same including performing frequent **hand hygiene**, wearing a **mask**, maintaining a **6 ft distance** when possible, **refraining from close contact** if resident is not fully vaccinated.

☐ Have **NOT**, to my knowledge, been exposed to COVID-19 in the last 14 days or been advised to self-quarantine because of exposure to someone with COVID-19.

☐ Am **NOT** experiencing symptoms of COVID-19 (fever, new or changed dry cough, or shortness of breath/difficulty breathing, chills, body aches, sore throat, nausea, diarrhea, vomiting, new loss of taste or smell, headache with any other symptom), or have **NOT** medicated for any of these symptoms in the last 72 hours.

☐ Do **NOT** have COVID-19 test results pending.

☐ Have received the full dose of COVID-19 vaccine. (**Not required**)

Signature: _____

Temperature: _____ (Temp >100 not permitted to visit)

Signature of Staff Member conducting screening: _____

☐ Hand Hygiene observed ☐ Signed Out (Time): _____

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