



COVID-19 Visitor Active Screening Tool

To protect everyone, including staff, we are asking all visitors to complete the following questionnaire.

Name: _____

Date: _____

- Do you have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?

YES / NO

- In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19, or is ill with respiratory illness?

YES / NO

- In the last 14 days, did you travel internationally or to a U.S. community with community-based spread of COVID-19?

YES / NO

Signature: _____

NH Department of Health and Human Services
Division of Public Health Services
Bureau of Infectious Disease Control
<https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>
Adapted from the [Vermont Department of Health](#).

COVID-19 Announcement

Thank you for coming to visit today. As you may know, the world is experiencing an expanding epidemic of COVID-19. The virus can spread from person-to-person. Older adults and those with underlying medical conditions are at high risk for severe illness and even death.

Before entering our facility, we respectfully require all visitors to confirm:

- You are not currently sick with any fever, cough or signs of respiratory illness.
- You have not be in close proximity with someone who is currently sick with the COVID-19 or any other respiratory illness within the last 14 days.
- You have not travelled within the last 14 days to an area of the world with an active COVID-19 outbreak.

We are taking extra measures to keep our facility clean.
During your time here today, we respectfully ask that you:

- Wash your hands or use provided hand sanitizer often.
- Disinfect all shared surfaces before and after use.
- Please reach out to a staff member if you have any questions or concerns.

Thank you!

Adapted from the Washington State Department of Health.