

**HOLY REDEEMER LifeCare**  
**Family Visitation COVID-19 Screening**

By signing this form, you are attesting that the following information is true.

**Check all boxes that are true and accurate:**

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - No fever or headache in the last 24 hr
  - Have not taken any Tylenol, Motrin or any fever reducing agent in the last 24 hrs
  - No symptoms of respiratory illness (i.e.; runny nose, congestion, sore throat, muscle/body aches)
  - No shortness of breath (unrelated to allergies or asthma)
  - No loss of taste or smell
  - No gastrointestinal issues (i.e.; abdominal pain, vomiting or diarrhea)
  
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus / COVID-19.
  - You have not been around anyone who is sick within the past 14 days
  - You have not had close contact with any person who is under investigation for Coronavirus within the past 14 days
  
- I am not waiting on the results of a Covid 19 test
- I have not been advised to self –quarantine because of exposure to someone with Covid 19
- I have not been diagnosed with Coronavirus / Covid-19 and not yet cleared as noncontiguous by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus / COVID-19 and will continue to do so in the future.
- You agree that you will practice proper social distancing, hand hygiene and the use of a mask for the entire visit. In the event you become ill with COVID-19 like symptoms within the next 14 days of the visit, you agree to inform us.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Family/Friend Visit**

Name: \_\_\_\_\_ Room # \_\_\_\_\_

We appreciate your understanding and patience to ensure that we keep our residents and staff protected.