

Consistent with the Centers for Disease Control and Prevention, the NYC Health + Hospitals has issued clinical guidance to screen **ALL** staff, visitors and vendors coming into the facility to visit our residents.

Enter Today's Date: _____

★ **My Name is (please print):** _____

My body temperature is:

_____ °F Initials _____

I am an **EMPLOYEE**

Tour of Duty: TOUR I TOUR II TOUR III

List your Department: _____

I am a **VENDOR**

List the name of your Company: _____

List the Department you are visiting: _____

I am a **VISITOR**

Visitors contact number: _____

List the name of the person you are visiting: _____

Are you fully vaccinated against Covid 19? Yes No

Note: Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

If needed, testing is available at Sea View on Thursdays from 10am - 12pm and 1:30 - 2:30pm

Screening Questions

Yes No

1. Have you had any symptoms of COVID-19 in the past 14 days?

Fever of 100.4 degrees F, Chills, Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or Body Aches, New Loss of Taste or Smell, Headache, Sore Throat, Congestion or Running Nose, Nausea or Vomiting, Diarrhea

2. Have you had a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not a blood test) in the past 14 days?

3. Have you had close contact with a confirmed or suspected COVID-19 case (other than a resident in this facility) in the past 14 days?

4. Have you or anyone in your household *traveled in the United States*** in the past 14 days?**

5. Have you or anyone in your household *traveled outside of the United States*** in the past 14 days?**

6. Do you currently work in another Healthcare Facility? If yes, where?

I hereby attest that the above information is true, and I have been screened and assessed, and my body temperature has been taken and recorded.

Signature _____

Date _____