

**FACILITY
FORM**

Screening Form for Visitation at Congregate Settings for Vulnerable Adults and Children

Name of visitor: _____

Date and time of visit: _____

Who are you visiting? Provide resident name.

Type of visitor (select one):

- Compassionate Care Visitor
- Medical, Dental, and Behavioral Healthcare
- Clergy
- Ombudsman
- Health Care Worker not employed by the facility
- Regulatory and Investigative Personnel
- Designated Essential Visitor
- Any Other Visitor (i.e. hairstylists, educators, entertainers, volunteers, therapy dog handlers, and family members/friends/relatives)

Type of visit (select one):

- Indoor (testing may be required; refer to appendix)
- Outdoor (allowed only during minimal or moderate community spread; no testing required)

COVID-19 Testing Results (for Designated Essential Visitors or Any Other Visitor). If positive, restrict entry and [refer to isolation guidance](#).

- Appropriate documentation of negative result provided
- Sample collected at appropriate interval for Designated Essential Visitor:
 - Minimal (Percent Positivity <5%): Once a month
 - Moderate (5%–10%): Once a week
 - Substantial (>10%): Twice a week
- Sample collected within 48 hours of visit for Any Other Visitor

Date of sample collection: _____

Test type (antigen or PCR): _____

Test result: _____

Access to this facility is limited to staff and visitors who do not have signs and symptoms of possible COVID-19. (Check all that apply)

- I do not have cough (note: a cough is defined as new onset of cough within the previous 14 days)
- I do not have a fever over 100.4 °F; Temperature on entry: _____
- I am not experiencing any of these symptoms: shortness of breath, headache, fatigue, muscle or body aches, nausea, diarrhoea, new loss of taste/smell
- I have not had close contact with someone diagnosed with COVID-19 or with the symptoms listed above without an alternative diagnosis from a healthcare provider (e.g., influenza) in the past 14 days. Close contact includes any of the following:
- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
 - You provided care at home to someone who is sick with COVID-19
 - You had direct physical contact with the person (hugged or kissed them)
 - You shared eating or drinking utensils
 - They sneezed, coughed, or somehow got respiratory droplets on you
- I have isolated in the time between when the sample was taken and the visit (**Applies to Indoor Visit only**)
- I have avoided attending large gatherings in between testing and visitation (**Applies to designated essential visitors only**)

Help us practice good infection prevention to keep residents, visitors and staff safe. During your visit you agree to:

- Stay in designated area for the duration of your visit
- Not use patient facilities/restroom
- Practice good hand hygiene before entering the facility
- Wear a face mask at all times
- Limit touching of surfaces to only what is necessary
- Remain at least 6 feet from all residents and staff
- Limit physical contact and practice good hygiene before/after any contact
- Reach out to a staff member if you have any questions or concerns
- Contact us at _____ if you are diagnosed with COVID-19 within 14 days after your visit.**

Visitor Attestation Signature: _____

Appendix

Indoor Visitation Testing Guidance

	Minimal Community Spread	Moderate Community Spread	Substantial Community Spread
Compassionate Care Visitors	No testing required	No testing required	No testing required
Medical, Dental, and Behavioral Healthcare	No testing required	No testing required	No testing required
Clergy	No testing required	No testing required	No testing required
Ombudsman	No testing required	No testing required	No testing required
Health Care Workers not employed by the facility (i.e. hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc.)	No testing required	No testing required	No testing required
Regulatory and Investigative Personnel (i.e. law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators)	No testing required	No testing required	No testing required
Designated Essential Visitor	Negative COVID test once a month	Negative COVID test once a week	Negative COVID test twice a week
Any Other Visitor (i.e. hairstylists, educators, entertainers, volunteers, therapy dog handlers, and family members, friends, relatives)	Negative COVID test less than 48 hours old	Negative COVID test less than 48 hours old	Negative COVID test less than 48 hours old