## RESIDENT/VENDOR/VISITOR SCREENING TOOL

NAME:		DATE:		
Apartment/Area: _		· · · · · · · · · · · · · · · · · · ·		
Time:	Temp: (as taken b	by screener/if >100.0 no admittance)		
		YES	NO	
respiratory infection that	you presented with signs or symptoms of, or have you had includes fever, cough, shortness of breath or difficulty ed shaking with chills, muscle pain, headache, sore throat, II?			
Have you been infected with COVID-19 and not yet had two consecutive negative test results separated by 24 hours OR 24 hours fever-free without medication to suppress and 10 days since on-set of symptoms and improvement of symptoms?				
Have you been in close contact with someone known to be infected with COVID – 19 or living/caring for someone with COVID-19 within the past 14 days?				
Have you traveled internationally, been on a cruise or riverboat in the last 14 days?				
Have you <b>traveled to the Miami, Ft. Lauderdale and West Palm Beach</b> greater metropolitan area in the last 14 days?				
	ify I have previously been given and understand the hand he to the best of my knowledge.	ygiene education	and verify that the	
		Resident/		
SIGNED:		Vendor	Vendor/Visitor	
SIGNED:		Screer	ner	

\*INSTRUCTIONS: in the event a Resident answers YES to an item on the screening questionnaire and/or has a recorded temperature >100.0F, they will be given a procedure mask to put on and asked to self-quarantine in their room until a member of our team can meet with them in person. The Concierge should notify Resident Services, who will then consult with our Incident Command team. Vendors or Visitors answering Yes should be denied access, and directed to call the Administrator/Executive Director for consideration. Thank you!

FORM: 6.8.2020