

The Cottages
at Garden Grove



A Skilled Nursing Community

Visitor COVID-19 Screening Tool

First name _____ Last name _____ Date & time of visit _____

Physical home address _____

Daytime Telephone number _____ Evening Telephone number _____

Email _____

COVID TEST (must be done within 24 hours of visit):

Date _____ Results _____ Staff Initials _____

In the past 14 days have you had any of these symptoms? If chronic (not new) please specify (Yes, No, chronic)

Fever > 100.4 F (38C) _____ Chills _____ Muscle aches (myalgia) _____ Sore throat _____

Runny nose (rhinorrhea) _____ Cough _____ Shortness of breath/difficulty breathing _____

Nausea or vomiting _____ Headache _____ Diarrhea _____ Loss of taste/smell _____

Current temperature _____

In the past 14 days, have you had any of the following exposures (check all that apply):

___ Have you had contact with a positive COVID-19 patient in the past 14 days?

___ Close contact with a confirmed or suspected COVID-19 case?

By signing this document you are acknowledging the following guidelines for visitation:

- Please sanitize your hands before entering and after leaving the visitation area.
- Please wear a mask at all times while on the grounds of our facility. A mask will be provided to you.
- All visits will take place in the resident's room or outside- weather permitting.
- **Please maintain social distancing and wearing a mask (cloth masks prohibited)**
- Please adhere to all instructions provided by the Cottages staff.
- If your loved one needs assistance, please alert one of our staff and they will assist.

If these guidelines are not followed, you will be asked to leave the premises and your visitation privileges will be revoked.

Print name _____ Signature _____

Resident you are visiting & cottage number _____