



Signature: _____ Print name: _____

Date: _____ Screened by: _____

Due to the prevalence of COVID-19, all nursing homes are required to actively screen all individuals seeking entry to the nursing home for fever (100.0 or >), respiratory and other symptoms as noted below.

1. For all individuals: Temperature: _____
2. For all individuals: Date of last Covid-19 test: _____ **(must be within 7 days)**
3. For all individuals: Has the individual experienced any of the following? (please check any/all that apply)
 - Fever 100.0 or higher in last 72 hours
 - Cough (new or changed)
 - Shortness of breath/difficulty breathing
 - Sore throat
 - Unexplained or new onset of loss of taste and/or smell
 - Unexplained Diarrhea together with (fever, cough, shortness breath, or sore throat)
 - Lethargy
 - Loss of appetite
 - Chills or repeated shaking w/chills
 - Unexplained muscle pain
 - Headache
 - NONE
4. For all individuals: Any recent trips out of the country or to states at <https://coronavirus.health.ny.gov/covid-19-travel-advisory>? Current list with screener.
 - Yes
 - No
5. Have you had known exposure to COVID-19?
 - Yes
 - No

If YES to any of the above, the CCC Nursing Supervisor must be notified.

6. For all individuals: Did the individual perform proper hand hygiene?
 - Yes
 - No
7. For all visitors: Did the individual appropriately don PPE?
 - Yes
 - No

All individuals entering the nursing home/hospital must monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the nursing home. If symptoms occur, they must immediately notify the nursing home of the date they were in the nursing home, the individuals they were in contact with, and the locations within the facility they visited. Nursing homes should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

PLEASE REMEMBER TO CHECK YOUR EMAIL DAILY FOR FREQUENT UPDATES