



Angels Senior Living

Visitor Screening Tool

Visitor's Name: _____

Resident being visited: _____

Please let us know if you have had any of the following:

	YES	NO
Fever > 100F	<input type="checkbox"/>	<input type="checkbox"/>
Cough/SOB	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/flu - recent	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country in the last 14 days to China, Japan, Italy, Iran or S. Korea	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>

If you have any of the above symptoms or exposures, we ask that you do not visit at this time. Please feel free to call your loved one or call our staff to check on them until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.