

WHITE OAKS REHABILITATION AND NURSING CENTER VISITOR INFORMATION AND SCREEN

Dear Visitor,

While we realize this is an extremely difficult time for you and your family, in order to protect you, we must inform you of the risk involved in visiting your loved one. While the facility is currently COVID free which has afforded you this visitation, please be aware that contact may still be a potential exposure to COVID. If you develop symptoms at any time, i.e., fever, cough, respiratory issues etc., please contact your physician for instructions and make the facility aware. Please know we are here to support you and your family at this difficult time.

Date of visit: _____ Time of visit: _____

Name: (please print) _____

Street address: _____

Daytime phone# _____ Evening phone # _____

Email address: _____

Have you had the COVID vaccine () Y () N _____
DATE NAME

SCREENING PROCESS:

QUESTIONS	YES	NO
Have you shown any signs symptoms in the last 14 days consistent with COVID, i.e., cough, fever, shortness of breath?		
Have you traveled outside the USA within the past 14 days?		
Have you traveled to any state with a high incidence of COVID-19, within the past 14 days?)If you are unsure, ask to see list)		
Has a member of your immediate household been diagnosed or exposed to COVID-19 within the past 14 days?		
Temperature taken?		
COVID test with negative result presented and attached to screen?		
Cleared to Visit?		

BinaxNow COVID-19 AG CARD Test Results:

Visitor Name: _____ Date of test: _____

Visual interpretation of result: _____

Nurse name (print) _____ Initials: _____

**** PROVIDE VISITOR WITH VISITOR FACT SHEET AND REVIEW WITH VISITOR**

Updated 3/1/2021