

# COVID-19 VISITOR ACTIVE SCREENING TOOL

Per Recommendation of NH Public Health Services (DHHS), all persons entering facility will complete this Questionnaire. Bureau of Infectious Disease Control: <https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Temp: \_\_\_\_\_ Must be recorded before entering the building. If your forehead is too cold from entering outside, please hold your hand over your forehead for 30 seconds, then wait 10 more seconds and retake your temp. If it stills reads "Error", ask for Nurse, who will either retake temp with current thermometer or a different one.

1. Do you have signs or symptoms of a respiratory infection, such as:
  - a. Fever? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Shortness of Breath? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Sore Throat? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. (New, unexplained) Dizziness? Yes \_\_\_\_\_ No \_\_\_\_\_
  - e. (New, unexplained) Diarrhea? Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. (New or worsening) Malaise? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. In the Last 14 days, have you:
  - a. Had contact with someone with a confirmed diagnosis of Covid-19? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Or under investigation for Covid-19? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Traveled internationally? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Traveled to a U.S. community with community-based spread of Covid-19? Yes \_\_\_\_\_ No \_\_\_\_\_
  - e. Been in a group of 10 or more people? Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Been with a person who is has symptoms of a respiratory illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Any "Yes" answers, need a nurse to address/assess before you enter building

Signature: \_\_\_\_\_