

# Woodland Pond Indoor Visit / Approved Caregiver Screening Form COVID 2021 (r. 3-18-21)

Visitor First and Last Name: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please confirm that you have reviewed, understand, and will adhere to the visitor safety tip sheet provided by Woodland Pond: \_\_\_\_\_ (initial)

Date of Today's Visit: \_\_\_\_\_ Time of Today's Visit: \_\_\_\_\_

Name of Resident(s) You Are Visiting Today: \_\_\_\_\_

Have you been approved by WP as a caregiver for this resident (IL only): **Yes** **No**

If yes, please acknowledge that you are aware that you must be COVID tested once every 7 days in order to provide caregiver services on site: \_\_\_\_\_ (initial)

**Note on (\*): If the answer to any of these is "YES" you may need to postpone this visit.**

1) Have you tested positive for COVID via a diagnostic test in the last 14 days? \* **Yes** **No**

2) Have you had any known close contact with a person confirmed (by diagnostic test) or suspected (based on symptoms) to have COVID-19 within the past 14 days? \* **Yes** **No**

3) Have you had symptoms of any illness in the last 14 days? \* **Yes** **No**

Specify: \_\_\_\_\_

4) Are you under 18 years of age? (If so, you must be accompanied by an adult) **Yes** **No**

5) Have you ridden inside a passenger vehicle or on public transit (including planes, trains, buses, taxis / ride share arrangements) for more than 15 minutes in the last 14 days with someone that resides outside of your household? **Yes** **No**

**Note: If "YES" and you are visiting an IL resident, your visit will result in added safety protocols that will need to be followed by that resident. We will make notice to the resident(s).**

6) Have you or anyone in your household been to an indoor or outdoor location where you were UNABLE to maintain 6+ feet distance for more than 15 minutes from anyone not residing in your household (masked or unmasked) in the last 14 days? \* **Yes** **No**

If yes to Question 6, Specify: \_\_\_\_\_

7) Have you had any doses of the COVID vaccine? **Yes** **No**

If yes: Please specify how many doses you have received to date: \_\_\_\_\_

*This form is required to be completed & submitted to Woodland Pond staff at the outset of each visit to Woodland Pond. If you develop symptoms of any illness or have a suspected illness 14 days following your visit, please contact your PCP, self-isolate and take your temp 2x/day. Please also contact us at 845-256-5600. **This data will not be shared by Woodland Pond.***

Your signature: \_\_\_\_\_

**For staff use only** Visitor meets criteria to proceed with visit: **Yes** **No**

Visitor Temperature: \_\_\_\_\_ Staff initials: \_\_\_\_\_