COVID-19 SCREENING FORM FOR VISITATION

This self-screen tool must be completed by anyone coming to take a friend or loved one on a visit. This includes both on and off-site visits at Pleasant View. The self-screening form should be provided by staff to visitors and completed prior to contact with their friend or loved one. The form is to be completed outside of Pleasant View buildings and submitted to staff in order to have a visit. All visits, both on and off site, are expected to abide by all current CDC and VDH guidelines including masks and social distancing.

Exposure means you HAVE BEEN IN CONTACT WITH SOMEONE WITH CONFIRMED COVID-19 in the following situations:

- Living with a person diagnosed with COVID-19
- Providing care for a person diagnosed with COVID-19
- Being within 6 feet (or 2 meters) for at least 15 minutes of a person diagnosed with COVID-19
- Having direct contact with secretions from a person diagnosed with COVID-19 (e.g., being coughed or sneezed on, kissing, sharing utensils, etc.)

Exposure does NOT mean:

- Casual contact with someone that has tested positive for COVID-19
- Casual contact with someone that may have COVID-19
- Casual contact with someone that is experiencing symptoms of COVID-19
- Casual contact with someone that is waiting for test results for COVID-19
- Contact, close or casual, with someone that has been in close contact with any of the above. (You have been around someone who has been around someone who has, may have, or is experiencing symptoms of COVID-19.)

Example: My daughter lives with me. We share the entire house, kitchen, bathroom, etc. We are within 6 feet of each other for more than 15 minutes multiple times a day. My daughter works at Store A. A coworker at Store A tested positive for COVID-19 today. My daughter worked with her yesterday and was in close contact with her.

Outcome: Your daughter IS a close contact and may be considered as 'exposed'. YOU are NOT a close contact. You have NOT been exposed. Because your daughter is a close contact, she should follow the recommendations of the CDC, VDH, and/or healthcare provider and self-quarantine, completely separate from you.

Name:_____ Individual being visited:_____

Pleasant View, Inc.
Supporting People with Disabilities

In the past 14 days, have you personally been directly exposed to someone confirmed to have COVID-19 OR are you currently in quarantine or isolation based on a positive COVID test?

- Yes
- No

Do you have any ONE (or more) of the following NEW symptoms that CANNOT be attributed to another health condition? Fever of 100.4 or greater, cough, shortness of breath, or difficulty breathing.

- Yes
- No

Are you experiencing TWO (or more) of the following NEW symptoms that CANNOT be attributed to another health condition? Chills, unusual fatigue, body aches and pains, sore throat, headache, loss of taste or smell.

- Yes
- No

Are you experiencing TWO (or more) of the following new symptoms that cannot be attributed to another health condition? Runny nose/congestion, nausea, vomiting, diarrhea.

- Yes
- No

If yes, contact your healthcare provider for additional guidance.

If you answered yes to any of the above, the visit must be rescheduled.

If you answered No to all the above:

Have your temperature recorded (must be below 100.4): _____

By signing this form, I attest that all is true, accurate, and I will abide by CDC and VDH guidelines regarding COVID-19.

Signature/Date:_____

Staff Witness/Date:_____

Revised 9/3/21