

GHA Visitor COVID-19 Screening Tool

Please complete the following information prior to picking up/dropping off your loved one or anytime when visiting a GHA site.

Visitor First & Last Names _____

Name of Individual being visited or released for TL _____

GHA Site Visited _____

In the past 10 days, have you been around anyone sick or that has been told they have COVID?

Yes No

If the answer is "Yes" to the above question, in the interest of protecting the health of those we serve, you may not visit at this time. Please notify manager.

Currently (today) or in the last 10 days, ANY of the following symptoms? (mark all that apply)

- Allergy symptoms
- Cold symptoms
- Fever or feeling feverish (Chills or sweating)
- Headache or Sinus pain/pressure Congestion or
- Runny Nose
- Cough
- Shortness of breath or trouble breathing
- Chest Pain or Chest Tightness
- Muscle of Body Aches
- Sore Throat
- Nausea or Vomiting
- Diarrhea
- Stomach pain/cramping
- Fatigue (being more tired than normal)
- Loss of Taste or Loss of Smell

If you marked any of the symptoms above, in the interest of protecting the health of those we serve, you may not visit at this time. Please notify manager.

Current Temperature Reading (if 99.5 or higher, considered abnormal) * _____

If your temperature is 99.5 or higher, in the interest of protecting the health of those we serve, you may not visit at this time. Please notify manager.

Name of person completing this form _____

Today's date _____