

Respiratory Illness Questionnaire

In an effort to protect our residents, staff, and families from infectious diseases such as (flu, Coronavirus, Norovirus, C. Diff, etc.) all persons entering the facility must complete the following questionnaire. Effective immediately, we are restricting visitation to anyone with active respiratory symptoms such as runny nose, cough, recent fever, sore throat, etc., Please see the receptionist, Manager on Duty, or Charge Nurse before proceeding to visit, or report to work.

Date of Entrance:	Time of Entrance:	Who are you visiting or unit working?
Name:	Phone:	Email:
In the last 14 days, have you traveled to Asia,		□ Yes
Europe, or the Middle Ease?		□ No
In the last 14 days, have you been in contact with		□ Yes
someone who has traveled to Asia, Europe, or the		□ No
Middle East?		
Do you currently have any of the following symptoms?		
☐ Fever above 100.4 F		
□ Cough		
☐ Shortness of Breath		
☐ Sore throat		
☐ Headache		
□ Nausea		
□ Vomiting		
☐ Other lower Respiratory symptoms		
☐ Other symptoms of illness		
If any of the above are checked, please explain:		

Note: Per Federal regulation, visitors may visit residents subject to reasonable restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication). If deferral cannot occur such as the case of end-of-life, the visitor should follow respiratory hygiene/cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.