WICKSHIRE
SENIOR LIVING

COVID-19 SCREENING QUESTIONNAIRE

Our goal is to limit exposure to residents, families, and team members by staying proactive.

Community: ____ Date: ____________________

Name: ____ Phone: __________________

Email: ____

1. Have you experienced symptoms of fever, cough, shortness of breath, or other flu-like symptoms in the last 14 days?
   Yes ______ No ______
2. Has anyone in your household had a fever, cough, shortness of breath, or other flu-like symptoms in the last 14 days?
   Yes ______ No ______
3. To the best of your knowledge, have you had any direct contact with anyone who has tested positive for COVID-19 coronavirus in the last 14 days?
   Yes ______ No ______
4. Have you traveled outside your state in the last 30 days or out of the country in the last 30 days?
   Yes ______ No ______
   If YES, please list where: ____
5. Do you work at a location that is known to have or has had any positive cases of COVID-19 coronavirus in the last 30 days?
   Yes ______ No ______
6. Does anyone in your household work, volunteer, or attend school at a location that is known to have or has had any positive cases of COVID-19 coronavirus in the last 30 days?
   Yes ______ No ______
   If YES, which location/facility: ____
7. Is there evidence of Coronavirus COVID-19 or possible exposure?
   Yes ______ No ______
   If YES, access to community is prohibited
8. Temperature: _____________: Is it 100.4 F or above?
   Yes ______ No ______
   If YES, access to community is prohibited
9. Purpose of entry:
   ☐ Associate or contractor involved in meeting the resident's needs or maintaining the operations of the facility

   ☐ Immediate family member, approved by the resident or resident's representative, who does not screen positive for exposure to COVID-19

Signature: ____

YOU AGREE THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. YOU WIL NOTIFY THE EXECUTIVE DIRECTOR IMMEDIATELY OF ANY CHANGES TO YOUR ANSWERS.