



*Creating Opportunities for Happy Lives!*

**Health Screening and Home Visit Agreement for Family Members**

For the Health and Safety of our employees and visitors, we are conducting health checks of everyone upon entry to the building. All family members wanting to bring their loved one out into the community or on a home visit MUST complete the following health screening for fever, cough, or shortness of breath. Any person with **temperature over 100.0** or signs and symptoms of COVID-like illness will not be able to visit their family member or bring them into the community or to their home. All those entering the home must also use hand sanitizer.

**Name of Individual:** \_\_\_\_\_

**Name of Family Member:** \_\_\_\_\_

**Date(s) of Visit:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

My family member may participate in home or family visits only if all of the following circumstances are met:

1. The individual is not suspected or confirmed to have COVID-19, and is not under any quarantine or isolation requirements;
2. The individual passes a health screen and temperature check immediately prior to leaving the certified residence;
3. The individual washes their hands immediately prior to their departure from and return to the residence;
4. The location(s) of the visit does not include: (a) any household member suspected or confirmed to have COVID-19; (b) any household member who has been exposed to COVID-19 in the prior 14 days; or (c) any household member displays any symptoms of COVID-19 in the preceding 14 days; AND
5. Family members will ensure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, and wearing face coverings whenever social distancing cannot be maintained in public.

**Pre-Visit Screening**

**Individual**

Date	Time	Temp	Cough?	Shortness of Breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the designated states with significant community spread.
			Yes or No	Yes or No	Yes or No	Yes or No

\_\_\_\_\_  
Staff completing the screening

\_\_\_\_\_  
Date

**Family Member**

Date	Time	Temp	Cough?	Shortness of Breath?	Exposed to anyone COVID within last 72 hrs?	Traveled from one of the designated states with significant community spread.
			Yes or No	Yes or No	Yes or No	Yes or No

I deny that there is anyone in the household who is currently under isolation or quarantine for COVID-19, had any known exposure to COVID-19 in the prior 14 days or exhibited any COVID-like symptoms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

