**Visitor Travel Screening [page 1]**

**Visitor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (if <18 yrs.) \_\_\_\_\_ Program Visiting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visitor TRAVEL Screening**

1. In the past **14 days**, have you (or any immediate household member) resided in or traveled to China, South Korea, Iran, Italy, Japan or had any other international travel, including travel on a cruise ship?

No  Yes Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past **21 days**, have you (or any immediate household member) resided in or traveled to any of the countries in West Africa: Liberia, Sierra Leone, Guinea, or any region where Ebola Virus Disease [EVD] transmission is active?

No  Yes Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Had close contact with lab confirmed novel Coronavirus [COVID-19] or an EVD patient?

*[close contact is defined as A) being within 3 feet or within the room or care for a prolonged amount of time while not wearing recommended protective equipment; B) having direct contact (e.g., shaking hands) with a patient with EVD while not wearing gloves; C) traveled on an airplane or cruise ship with a 2019 novel Coronavirus patient. Currently, walking by a person or moving through a hospital does not constitute close contact]*  No  Yes

1. Provided patient care or had close contact to EVD or novel Coronavirus patients in healthcare facilities during relevant outbreaks in affected countries?  No  Yes
2. Provided direct care to a patient or had a percutaneous [needle stick] or mucous membrane exposure, or other exposure to body fluids, of a patient with lab confirmed EVD or COVID-19 without proper PPE [gown, approved mask / face shield, gloves]?  No  Yes

**If you answered YES to any question 1-5, you are restricted from visiting the physical location of this agency for a full 14 days following your travel return date. We will exercise all efforts to ensure alternative service provision.**

**Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you answered NO to each question on this Travel Screening – PLEASE PROCEED TO HEALTH SCREENING ON SIDE 2.**

**Visitor Health Screening [page 2]**

**Visitor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (if <18 yrs.) \_\_\_\_\_ Program Visiting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visitor HEALTH Screening**

1. In the past **14 days**, have you (or any immediate household member) had or currently have the following symptoms or been Diagnosed with COVID-19?

Fever greater than 100°F Yes No Diagnosis of COVID-19 Yes No

Difficulty Breathing / Shortness of Air Yes No

New Onset of Cough Yes No

**If you answered YES, you are restricted from visiting the physical location of this agency for a full 14 days following your last symptom. Information and instructions regarding COVID-19 can be located at** [**www.KYCOVID19.KY.GOV**](http://www.KYCOVID19.KY.GOV)**.**

1. In the past **7 days**, have you (or any immediate household member) had or currently have any of the following symptoms:

**PRIMARY SYMPTOMS PRESENT**

Fever greater than 100°F Yes No Chills Yes No

Sore Throat or Strep Throat Yes No Nausea / Vomiting Yes No

Diagnosis of Flu or Viral illness Yes No Diarrhea Yes No

Persistent Cough Yes No Pink eye / Conjunctivitis Yes No

Difficulty Breathing / Shortness of Air Yes No New Rash / Open Skin Lesions Yes No

New Onset of Runny Nose / Sniffles Yes No Muscle Aches / Weakness Yes No

**SECONDARY SYMPTOMS PRESENT [must have two or more]**

Lack of Appetite Yes No Chest Pain Yes No

Difficulty Swallowing Yes No Persistent Headache Yes No

Abdominal Pain Yes No Persistent Hiccups Yes No

1. In the past **21 days**, have you (or any immediate household member) been exposed to any of the following:

Chicken Pox Yes No Measles Yes No

Croup/Whooping Cough Yes No Mumps Yes No

**Our first priority is to maintain the life, health, and safety of our service recipients and team members. Governor Andy Beshear has declared a state of emergency in the Commonwealth of Kentucky in response to COVID-19. We are taking every precaution to limit the transmission of illnesses including COVID-19. We are restricting visitors to our agency and exercising social distancing out of an abundance of caution and in compliance with recent guidance.**

**Screeners – Please indicate the outcome of the screening below:**

**\_\_\_\_\_\_\_\_ Only Essential Visitors [those required to maintain the health and safety of service recipients] answering “no” to all Travel Screening, “no” to Question #1, “no” to all Primary Symptoms OR “yes” to only one secondary symptom on the Health Screening above are permitted to visit at this time.**

**\_\_\_\_\_\_\_\_ Parents, Guardians, volunteers, non-essential contractors, and visitors are restricted from visiting the agency at this time.**