**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.**