



Coronavirus (COVID-19) Signs & Symptoms Screening

Name: _____ Date: _____ Best

Contact Number: (____) _____

Check one: ___ Resident ___ Guest ___ Employee

If Guest: Name of resident(s) visiting? _____

1) Have you or someone you are in close contact with traveled outside the US in the last 30 days? ___ YES ___ NO

If YES, please refrain from visiting for a minimum of 14 days after you or your close contact has returned to the U.S. and are confirmed as not having any signs or symptoms of the Coronavirus (COVID-19), cold or flu like symptoms for at least 72 hours.

2) Have you or someone you are in close contact with tested positive for the Coronavirus in the last 30 days? ___ YES ___ NO

If YES, please refrain from visiting for a minimum of 14 days after you or your close contact are no longer positive for the Coronavirus (COVID-19) and are free from any signs or symptoms of the Coronavirus (COVID-19), cold or flu like symptoms for at least 72 hours.

3) If NO to #1 & #2, are you experiencing any of the following symptoms:

a. Fever (current temperature is: _____) ___ YES ___ NO

**fever is considered 99.5 degrees or above*

b. Sore throat ___ YES ___ NO

c. Cough ___ YES ___ NO

d. Shortness of breath ___ YES ___ NO

If yes to any of #3 questions, please refrain from visiting/working until receiving a thorough clinical evaluation (please note below) or you are confirmed as no longer having any signs or symptoms of the Coronavirus (COVID-19), cold or flu like symptoms for at least 72 hours.

Notes:

OAKS SENIOR LIVING
ASSISTED LIVING

4080 McGinnis Ferry Road * Suite 604 * Alpharetta, Georgia 30005 * (770) 888-4683
www.oaksseniorliving.com