**Health Screening Form for Visitors to Access Living**

In an effort to reduce the risk of COVID-19 exposure to Access Living employees and visitors, all visitors must complete the following screening questions:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitor phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor business/company, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Access Living staff visiting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Self-Declaration by Visitor – Fully Vaccinated – Please Present Your Vaccination Record**  |
|  | **YES** | **NO** |
| Have you experienced any cold or flu-like symptoms in the past 24 hours (fever, cough, shortness of breath or other respiratory problem)? |  |  |
| Are you waiting on the results of a COVID-19 test? |  |  |
| Have you tested positive for COVID-19 in the past 5 days? |  |  |
| I agree to wear a mask over my mouth and nose for my entire visit  |  |  |

|  |
| --- |
| **Self-Declaration by Visitor – Non-Vaccinated, Partially Vaccinated or No Proof of Vaccination Shown** |
|  | **YES** | **NO** |
| Have you experienced any cold or flu-like symptoms in the past 24 hours (fever, cough, shortness of breath or other respiratory problem)? |  |  |
| Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 5 days? |  |  |
| Are you waiting on the results of a COVID-19 test? |  |  |
| Have you travelled outside the state of Illinois in the past 10 days?If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please see receptionist to determine status) *Under the advisory, unvaccinated travelers should be tested for COVID before and after travel and should quarantine upon arrival in Chicago.* |  |  |
| Have you tested positive for COVID-19 in the past 5 days? |  |  |
| I agree to wear a mask over my mouth and nose for my entire visit |  |  |

Visitors with any risk factors present will not be allowed to attend in-person meetings or receive in-person services at Access Living.

All visitors that test positive for COVID-19 within 2 days after visiting Access Living should notify Ramonita Mata at rmata@accessliving.org or 312-640-2182.

Visitor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For internal use:**

Access to facility (circle one): Approved Denied

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_