

Updated: 3/11/2020

BNRC Visitor Health Screening Questionnaire

As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, BNRC is monitoring the situation closely and adhering to CMS guidelines to protect the health of the individuals residing and working in this facility.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our residents and staff members, we are conducting a simple health screening for visitors. Your participation is important to help us take precautionary measures to protect you and everyone in this building. We will provide updates as they are available.

Thank you for your understanding!

Visitor Name: _____

Visitor Phone Number: _____

Visitor Email: _____

If you answer "yes" to any of the following questions, access to the facility will be denied.

Self-Declaration by Visitor	
1.	Have you experienced signs or symptoms of a respiratory infection in the last 14 days (including fever, cough, shortness of breath, or sore throat)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you had contact with someone with a confirmed diagnosis of COVID-19, who was under investigation for COVID-19, or was ill with a respiratory illness within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you traveled internationally to any of the following countries within the last 14 days: China, Iran, South Korea, Italy, or Japan? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you currently resident in a community where community-based spread of COVID-19 is occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No

Visitor Signature: _____

Date: _____

Access to facility (circle one):

Approved

Denied