



Resident: \_\_\_\_\_

Date & Time of visit: \_\_\_\_\_

**REMEMBER:**  
Perform Hand Hygiene before and  
after the visit.

**Screening For Outdoor  
“Fresh Air Visitation”**

Sancta Maria is allowing outdoor visitations per the Department of Public Health, with residents, provided that the physical distancing and protection requirements are followed.

For today’s visit, we ask that you review this sheet, answer any questions, get your temperature taken and sign this form.

Do you have any of the following fever or respiratory symptoms?

Fever equal to or greater than 100.0 F **Yes OR No**      **Temperature** \_\_\_\_\_

Cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) **Yes OR No**

If you answer yes, you will not be permitted to visit with a resident Rules for today’s visit:

- Visitors must be limited to no more than two individuals at a time with the Resident.
- A visitor must remain at least 6 feet from the resident and attending staff member(s) at all times during the visit. No physical contact can occur between visitor and residents.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit.

The visit will be ended immediately if any of these rules are not followed.

**\*\*Any individual who visits and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within 2 days after exiting the long-term care facility or designated outdoor space must immediately notify the long-term care facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.**

I have reviewed the information above and agree to comply with all rules and requests during the visit. I do not feel sick in any way.

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Visitor Name Printed

Visitor Street Address: \_\_\_\_\_

Visitor City: \_\_\_\_\_ Visitor State: \_\_\_\_\_ Visitor Zip: \_\_\_\_\_

Visitor Phone Number: \_\_\_\_\_