

WEISMAN CHILDREN'S VISITORS HEALTH SCREENING QUESTIONNAIRE

As you are aware, the novel coronavirus, COVID-19, has emerged in the United States. As always, we take infection prevention very seriously at Weisman Children's. We are following CDC recommendations and are communicating with the NJ Department of Health for guidance.

Effective immediately the following additional steps are being put into place.

1. Each visitor will need to complete the screening form below on a daily basis.
2. Your answers below will determine whether or not you will be permitted to visit.

Visitor Name: _____

Patient Visiting: _____

Please answer the following questions:

YES							NO							
SU	M	T	W	R	F	SA	SU	M	T	W	R	F	SA	
														Fever (Temperature 100°F or greater, or feel warm to touch)
														New or Worsening Cough (Not due to another condition such as Asthma or Allergies)
														Shortness of Breath (Not due to another condition such as COPD, pregnancy related), difficulty breathing
														Chills/Repeated shaking with chills
														Muscle aches
														Persistent Headache w/o History of Migraines
														Sore throat
														New loss of taste or smell
														Pink Eye/Conjunctivitis
														Nausea/Vomiting/Diarrhea Specify:
														Have you traveled outside the country or on a cruise in the last 14 days?
														Have you had known close contact with a person who has traveled outside the country or on a cruise in the last 14 days?
														Have you had known close contact with a person who tested positive for COVID-19 in the last 14 days?
Visitor Temp (F):							SU:	M:	T:	W:	R:	F:	SA:	
Supervisor or designee initials:														

Reviewed by screener: (Print Name) _____

Signature of screener _____ Date _____

*Every screener needs to print and sign their name and date