



# Northeast Residence

## Visitor and Employee Health Screening Checklist

Welcome to Northeast Residence Inc. (NER). In the interest of protecting the health and safety of the people we support, our staff and our visitors, we are asking all visitors and employees to complete this checklist each time you enter one of NER's facilities.

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition?

Yes  No Fever or feeling feverish?

Yes  No Chills?

Yes  No A new cough?

Yes  No Shortness of breath?

Yes  No A new sore throat?

Yes  No New muscle aches?

Yes  No New headache?

Yes  No New loss of smell or taste?

(Note: If person answers yes to any of these, NER must advise them to go home, stay away from other people, and contact their health care provider)

- Source: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>

Name: \_\_\_\_\_

Facility/Site: \_\_\_\_\_

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