



Northeast Residence

NER Visitor COVID-19 Health Screening Checklist

Welcome to NER!

In the interest of protecting the health of our visitors, staff and people we support, all NER visitors are required to complete this checklist and have it reviewed by a staff member at the beginning of every visit to an NER facility.

Name: _____

Date: _____ Time: _____ NER Location(s): _____
MM/DD/YYYY

Symptom	Yes	No
Take your temperature. Higher than 100.4?	<input type="checkbox"/>	<input type="checkbox"/>
New cough?	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
New sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>
New headache?	<input type="checkbox"/>	<input type="checkbox"/>
New loss of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the symptoms listed above, you will be asked to leave the NER facility, stay away from other people, and contact a healthcare professional.

Revised: 10/22/2020