



Notre Dame du Lac Assisted Living Residence
Notre Dame Long Term Care and Rehabilitation Center

Prevent COVID-19 Screening Checklist
Required of All Visitors & Essential Healthcare Providers (HCP)

EFFECTIVE IMMEDIATELY: NDHC is complying with visitation guidelines as outlined by Commonwealth of Massachusetts Department of Public Health (DPH) and Executive Office of Elder Affairs (EOEA).

This form MUST be completed in its entirety, EVERY time you visit. NO EXCEPTIONS.
Please FULLY answer/respond to each yellow highlighted section below.

PLEASE INDICATE: I am a visitor I am a Healthcare Provider (HCP)

NAME: _____ **PHONE:** _____ **DATE:** _____

RESIDENT NAME or VENDOR NAME/PURPOSE OF VISIT: _____

1. **Have you been fully vaccinated against COVID-19 (ie 14 days past 2nd dose of Pfizer or Moderna or single dose of Johnson & Johnson vaccine)?**
[RESPONSE to this question is required for all Visitors to our Long Term Care and Rehabilitation Center. It is also required for all Essential Healthcare Providers (HCP) entering any Notre Dame Health Care facility.]
 Yes No

2. **Have you washed your hands or used alcohol-based hand rub (ABHR) on entry?**
 Yes No—please do so immediately

3. **What is your body temperature?** _____ (to be taken upon entry)
If the visitor or HCP body temperature is over 100.0°F, they are NOT permitted to visit.

4. **In the past 14 days, have you had?**
 Fever Sore throat Malaise/Fatigue/Body/Muscle Aches Nausea, vomiting or diarrhea
 Respiratory Infection/Pneumonia/New shortness of breath/congestion or runny nose
 Headache (ongoing) Cough New loss of taste or smell Chills/repeated shaking with chills
If the visitor or HCP exhibits any of these symptoms, they are NOT permitted to visit. They should be given a mask, referred to their physician, and asked to leave.

5. **Have you:** (please indicate where _____)
 Had contact with someone in the past 48 hours with a confirmed diagnosis or is under investigation for COVID-19, or is ill with respiratory illness?
If the visitor or Essential Healthcare Provider (HCP) presents with NO symptoms they may proceed with visit, practicing handwashing/sanitizing and must wear a face mask in accordance with CDC, DPH and EOEA guidance.

In ALL CASES, visitation will be permitted in locations as approved by the appropriate regulatory authority associated with our programs which may or may not include designated outdoor space or the resident’s own room/unit/apartment (or other space as approved by facility management).

POST VISIT PROTOCOL: Any individual who visits our campus and develops signs and symptoms of COVID-19 (as outlined in question#4 above) within two days of their visit should immediately notify NDHC of the date they were at the facility, the individuals they were in contact with, and the locations visited.

SIGNATURE: _____