

COVID-19 Screening Checklist

1. Have you washed your hands or used a (ABHR) on entry?	alcohol-based hand rub	YES NO
2. Do you have any of the following respi	ratory symptoms? Fever Sore Throat Cough New shortness of breath	YES NO YES NO YES NO YES NO
3. Have you traveled internationally, or to	o a state with widespread commun	ity transmission?
 Traveled to or attended a mass ga attendance. 	atherings/event in which 500 or m	ore people were in
-	ntinue with a CDC Level 3 Travel H ncluding: China, Iran, European Sch d Brazil. International travelers mu	nengen areas, United
3. International travelers from othe subsequent quarantine guidance	er countries will need to follow CDO upon entry into the U.S and Kansa	
4. Traveled on a cruise ship or river	cruise on or after March 15.	
4. Have you been in contact with anyone	who has been exposed to COVID-1	.9? YES NO
5. What is your purpose of your visit?		
Immediate family members, approv not screen positive for #2, #3, or #4		s representative, who do
Routine social visits are not essentia	ıl.	
NOTE: This is not a complete ban on a discouraged. COVID-19 is extremely a at least a 15% mortality rate for olde	angerous for senior adults with	early estimates of

Please remember to wash your hands or use ABHR throughout your time in the building Please do not shake hands with, touch or hug individuals during your visit.

of the elderly do not show any symptoms but are able to transmit the virus to others.