

# Menorah Park Visitor COVID Screening

Resident being visited \_\_\_\_\_

I have not experience any of the following;

Fever of 100 degrees within 14 days

Recent Shortness of breath/pneumonia/flu

Have not had contact with a Positive COVID case in last 14 days

Agree to follow the facility infection control & Personl Protect Equipment (PPE) policies

Where to visit: I agree to stay in the resident room, or  
designated area

I attest that I have received a negative SARS CoV-2 test one day prior to visitation for antigen test  
and two days prior to visting for NAAT(e.g.,PCR)test

PRINT NAME \_\_\_\_\_

Signature \_\_\_\_\_