



Interviewer: _____

Visitor/Coworker: _____

Time: _____ Date: _____

COVID-19 Shift-Change and visitor check-in

Please use this form at every shift change and in greeting any visitor. Do this before the person enters the house. Please remember that everyone who enters the house for work or a visit should wear a mask and wash their hands immediately upon entry.

The CDC lists the following symptoms as being consistent with COVID-19. The main symptoms are cough and shortness of breath or difficulty breathing. With or without these symptoms, If a person has two or more of the following symptoms they may have COVID-19: Fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and/or new loss of taste or smell.

1. Visual check:

- A. Is the person sneezing, coughing, or wheezing? Yes / No
- B. Does the person seem sick?

If you answered yes to either or both questions above, discuss rescheduling the visit or calling out for shift.

2. Ask the person: do you have or have you recently experienced the following?:

- A. Coughing? Yes / No
- B. Difficulty breathing or shortness of breath? Yes / No
- C. Fever? Yes / No
- D. Chills? Yes / No
- E. Shaking accompanied by chills? Yes / No
- F. Muscle pain? Yes / No
- G. Headache? Yes / No
- H. Sore Throat? Yes / No
- I. Loss of taste or smell? Yes / No

If the person answered yes to either A or B or if they answered yes to two or more of C-I, discuss them rescheduling the visit or calling out from shift.