

Welcome to VNA

At VNA, we are committed to the safety of our community, and we therefore adhere to strict infection-control policies to ensure we help "slow the spread".

The following is our screening questionnaire for COVID-19 for VNA staff, volunteers and guests, derived from the CDC and CMS guidelines. This form must be completed prior to entering all VNA business offices.

Name

| Screening Questions (Response: ☐ Yes ☐ No) | | |
|--|--|------------|
| 1. | Have you completed domestic or international travel within the last 14 days? | ☐ Yes ☐ No |
| 2. | Do you have signs or symptoms of a respiratory infection, such as a cough or sore throat? | □ Yes □ No |
| 3. | In the last 14 days, have you had contact with someone with or under investigation for COVID-19 or are ill with respiratory illness? | □ Yes □ No |
| 4. | In the last 14 days, have experienced a loss of taste or smell? | ☐ Yes ☐ No |
| 5. | In the last 14 days, have you experienced upset stomach or diarrhea? | □ Yes □ No |
| 6. | In the last 14 days, have you experienced muscle pain? | ☐ Yes ☐ No |
| 7. | In the last 14 days, have you experienced headaches? | ☐ Yes ☐ No |
| 8. | In the last 14 days, have you tested positive for COVID-19? | ☐ Yes ☐ No |
| 9. | Please take your temperature (or it may be taken by our staff). Is it above 100 (under age 65) or 99.5 (65 and older)? | □ Yes □ No |

Please wear a face covering when in the office building and maintain social distancing from others as defined by six feet of space or greater. Please also practice frequent hand washing and use of hand sanitizer, which is available to you throughout the office.

Thank you!

^{*}If all answers are 'NO', you may proceed with your office visit. If any answers are 'YES', the clinical manager will review to determine if it is safe.