

Maplewood Nursing Home

Influenza and Airborne Disease Questionnaire

Indoor visitors

This questionnaire is used to evaluate your current health status. We are doing this questionnaire due to the fact that many of our residents are immunocompromised, have compromised health, or are at risk for contracting infectious diseases.

1. Have you traveled internationally, by cruise ship or on public transportation outside New Hampshire, Vermont, Maine, Massachusetts, Rhode Island or Connecticut in the past 14 days? Y/N
2. Have you been in close contact with others who have suspected or confirmed COVID-19 in the past 14 days? Y/N
3. Did you travel in areas where there were confirmed cases with COVID-19 Y/N
4. Have you worked at or visited any facility with active Covid-19 cases in the past 14 days? Y/N
5. Have you experienced any of the following symptoms within the past 14 days or today:
 - a. Fever Temperature: _____ Y/N
 - b. Sore throat, runny nose, nasal congestion Y/N
 - c. Cough, shortness of breath Y/N
 - d. Muscle aches, chills, extreme fatigue Y/N
 - e. Loss of taste or smell Y/N
 - f. New GI symptoms such as nausea, vomiting or diarrhea Y/N

If you have answered YES to one or more of the above questions, we ask that you NOT visit Maplewood, until you have been cleared by a physician. Thank you for your understanding and cooperation.

6. Was hand hygiene demonstrated by individual Y/N
 - a. Hand hygiene (washing hands with soap and water or purell)

Print Name: _____

Date: _____