



**SCARC, Inc. Mandatory Visitor COVID-19 Screening Tool**

The health and safety of the individuals we serve is of the utmost importance to us. Therefore, SCARC, Inc. has adopted the CDC, NJ Public Health and DDD Guidelines into our Policy and Procedures. Upon arrival to the outside of the residential program or designated visitation area, all visitors must pass this screening tool.

Temperature at time of visitation	
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Please answer the following:

1. Have you had a temperature above 99.9 within the last 24 hours? (Regardless of vaccination status)	Yes	No
2. Currently or in the past 24 hours have you had any of the following symptoms? (Regardless of vaccination status)	Yes	No
<ul style="list-style-type: none"> <li>• Fever/temperature above 99.9 degrees</li> <li>• Chills</li> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fatigue</li> <li>• Muscle or body aches</li> <li>• Headache</li> <li>• New loss of taste or smell</li> <li>• Sore Throat</li> <li>• Congestion or runny nose</li> <li>• Nausea/Vomiting/Diarrhea</li> </ul>		
3. Have you had close contact with someone who has tested <u>positive</u> for COVID 19 in the past 14 days? (Not applicable to fully vaccinated individuals unless they are immunocompromised)	Yes	No
4. Within the past 10 days have you traveled outside of the region (Connecticut, Delaware, New Jersey, New York, Pennsylvania)? (Regardless of vaccination status)	Yes	No

If you have marked “Yes” to any of the above questions, entry is declined. Please vacate the premises immediately. If visitor replies “No” to all above questions, entry is allowed to the designated visitation area.

Visitors must wear a mask that covers the nose and mouth at all times. Visitors entering the designated visitation area must wash their hands utilizing hand sanitizer prior to the visit.

**I must monitor and observe myself and report illness to the residential program manager immediately if I were to develop any of the above signs and symptoms within 14 days of the visit.** I understand that the individual may or may not be able or willing to wear a mask which may or may not put myself, the visitor at risk.

\_\_\_\_\_  
**Visitor Name Print and Signature**

\_\_\_\_\_  
**Date and Time**

