



SCARC, Inc. Mandatory Visitor COVID-19 Screening Tool

Upon arrival to the outside of the residential program or designated visitation area, all visitors must complete and pass this screening tool before visitation can proceed.

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?	Yes	No
2. Currently or in the past 24 hours have you had any of the following symptoms? <ul style="list-style-type: none"> • Fever/temperature above 99.9 degrees • Chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore Throat • Congestion or runny nose • Nausea/Vomiting/Diarrhea 	Yes	No
3. Are you fully vaccinated against COVID-19? (Please present Vaccination Card to SCARC, Inc. staff screener)	Yes	No
4. 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
5. Within the past 10 days have you traveled outside of the region (Connecticut, Delaware, New Jersey, New York, Pennsylvania) and were at your destination for more than a 24-hour period? (Not applicable to fully vaccinated individuals unless they travelled internationally) If yes, where was your destination? _____	Yes	No

Upon completion please give this form and your Vaccination Card to the SCARC, Inc. staff screener for review. Employee completing the screening will indicate at that time whether you have passed or failed the screening tool. If it is indicated that you have failed, please vacate the premises immediately. If it is indicated you have passed, 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



Answer Key for Staff Screening Visitor

Please review the completed screening tool using the following guidelines before declining or admitting a visitor:

- 1. Have you had a temperature above 99.9 within the last 24 hours?**
 - a. If YES, deny entry to the program. If NO, proceed to next question.

- 2. Currently or in the past 24 hours have you had any of the following symptoms?**
 - If YES, deny entry to the program. If NO, proceed to next question.

- 3. Are you fully vaccinated against COVID-19?**
 - a. Fully vaccinated for COVID-19 is defined as follows:
 - i. It has been 2 or more weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna),
 - ii. Or it has been 2 or more weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).
 - b. If the visitor completing the screening indicates they are vaccinated, they must provide Vaccination Card for review to person completing the Screening Tool. Those unable to do so should be considered of unvaccinated status by the person completing the Screening Tool. Failure to pass the Screening Tool with unvaccinated entrance standards, will result in not permitting the contractor to enter the SCARC, Inc. program.
 - c. Regardless of YES or NO, proceed to next question.

- 4. Have you had close contact with someone who has tested positive for COVID 19 in the past 14 days?**
 - Close contact is defined as follows: Being within approximately 6 feet of a person with confirmed COVID-19 for more than 15 minutes total within 24 hours starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, and/or caring for or visiting the person, having unprotected direct contact with infectious secretions or excretions of the patient.
 - Not applicable to fully vaccinated visitors unless they are immunocompromised. If unvaccinated visitor states YES, deny entry to the program. If NO, proceed to next question.



5. Within the past 10 days have you traveled outside of the region (Connecticut, Delaware, New Jersey, New York, Pennsylvania) and were at your destination for more than a 24-hour period? If yes, where was your destination?

a. When completing the screening, transit through the state to another destination, provided that the time spent in the state is only the amount of time necessary to complete the transit, make use of travel services, such as a highway rest stop, or make necessary travel connections, should not be counted as travel requiring restriction from a SCARC, Inc. program.

b. **Not applicable to fully vaccinated visitors unless they travelled internationally. If vaccinated visitor states YES they travelled internationally, deny entry to the program. If unvaccinated visitor states YES they travelled outside of the region, deny entry to the program. If visitor answered NO, to this and all above questions screening has been passed.**

If the person has been denied entry based on their response to any of the above questions, please alert the Health and Nursing Care Administrator or designee, and/the Director if during normal business hours otherwise, the AOC.

Allow entrance to all who pass the Screening Tool.