

At this time we are restricting all visitors UNLESS  
you are a NURSE, DOCTOR, STAFF MEMBER,  
PRIVATE DUTY CARETAKER OR APPROVED  
VOLUNTEER.

By entering our home you are attesting that you can answer NO  
to the following questions.

— Have you had a fever and signs of respiratory illness  
like a cough and shortness of breath?

— Have you had close contact in the past 14 days with  
someone confirmed by a laboratory test to have COVID-  
19?

— Have you had a fever or signs of respiratory illness  
(cough or shortness of breath) and a *history of travel in  
affected geographic areas within 14 days of symptom  
onset?*

Name: \_\_\_\_\_ Current Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you are an approved visitor and answer **YES** to any of the  
questions, we kindly ask that you DO NOT ENTER OUR HOME  
and reschedule your visit.