ADULT RESIDENTIAL SERVICES SCREENING QUESTIONS
(for someone returning to a NCIA-managed Residential location)

Name of Individual/Home: __________________________________________________

Completed by (Printed name & Title): _____________________________ Date__________

1. Has ______________ had any of the following symptoms in the last week (fever, cough, shortness of breath, loss of taste/smell or flu-like symptoms?
   a. If yes, how recently did the symptoms end?
   b. If yes, how recently was a medicine used to reduce fever?
   c. If no, proceed to Question # 2.

2. Has ______________ been treated or diagnosed for COVID-19 at anytime since they last were in an NCIA location?
   a. If yes, how recently were they diagnosed? When did they last have symptoms?
   b. If no, proceed to Question # 3.

3. Has ______________ been in close contact (less than 6 feet) for more than 3 minutes to someone with the symptoms listed in Question #1 (or diagnosed with COVID-19)?
   a. If yes, how recently was that person diagnosed? Last had symptoms.
   b. If no, proceed to Question # 4.

4. Has ______________ been exposed to anyone in the same household who was diagnosed with COVID-19 or symptoms listed in Question #1?

5. Has ______________ been in any public locations in the last two weeks without a mask?
   a. If yes, how recently and for what length of time?
   b. If no, proceed to Question # 6.

6. When did ______________ last see a doctor or medical professional?

7. Have you explained to ______________ that they will need to be kept in room-only isolation for 14 days upon their return to the NCIA residential site?