

## Staff Acknowledgement Form

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

House: \_\_\_\_\_

Based on the extraordinary scope of the Coronavirus (COVID-19) outbreak, NCIA has instituted the following screening questions for entrance into any of our homes. To maintain the health and safety of the persons served, our employees, and the general public, these steps are necessary until further notice.

Staff must ask these questions of any person entering into an NCIA location.

**Anyone that answers "yes" to any of these questions or has a fever of 100°F OR refuses to answer all of the screening questions are not to be allowed into the location.**

- 1) Have you had any of the following symptoms in the last 7 days: fever, chills, cough, shortness of breath, or flu-like symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you been taking any medications to control a fever? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) In the past week, do you know if you have been in close contact (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with fever, cough, shortness of breath, or flu-like symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Have you been in close contact (less than 6 feet) with anyone who has been diagnosed or quarantined for COVID-19 (coronavirus)? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Have you travelled anywhere outside the US in the last two weeks? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Is anyone in your home sick with any of the symptoms above? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Have you lost your sense of taste or smell, which is a possible symptom of COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing this form, I acknowledge that I have read and understood this procedure and that I will ask anyone wishing entrance to the home these questions.

**ENTER YOUR TEMPERATURE**

\_\_\_\_\_  
Print

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date