

Jubilee Indoor Visit Questionnaire

The purpose of this questionnaire is to enable Jubilee to confirm an indoor visit to a place Jubilee provides services will not cause a risk of exposure to COVID-19. Thank you for your understanding and cooperation as we work to keep our community safe. **Please Note:** This questionnaire must be completed prior to each visit. Please give the completed questionnaire to the employee on shift at the start of the visit, or email your responses to covid@jubileemd.org prior to the visit.

Visitor's Name and Phone Number: _____

Person(s) you are visiting : _____

Date and time of visit: _____

1. Are you fully vaccinated? (two weeks (14 days) have passed since your second Pfizer or Moderna shot or your one-and-only Johnson & Johnson shot)

Yes

No

If you answer "No" to question 1, you must wear a mask during your visit.

2. In the past 14 days, have you or anyone in your household tested positive for COVID-19 or been instructed by a health care provider or health care department to isolate or quarantine?

Yes

No

3. In the past 10 days, have you had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19?

Yes

Not that I'm aware

4. In the past 10 days, have you had any of the following symptoms: cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion or runny nose, that are not due to another health condition?

Yes

No

If you answer "Yes" to question 2, 3, or 4, please do not continue with your visit.