

The Carlucci Home

516 Mullock Road
Port Jervis, NY 12771
Phone: 845-355-7700
Fax: 845-355-2082

Visitor Screening Form

All visitors must complete this questionnaire before visiting as well as meet criteria for Covid-19 screening (including a temperature check) prior to entering the building.

This form must remain on file at Carlucci Home for review by NYS Department of Health.

Visitors must adhere to NYS Department of Health guidance during visit.

Full Name: _____

Physical Address: _____

Phone Numbers

Daytime: _____

Evening: _____

Email Address: _____

Date of visit: _____

Time of visit: _____

Covid-19 Screening Questions

In the past 14 days have you had any symptoms of fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, sore throat, diarrhea, nausea or vomiting, rash, headache, loss of sense of smell or taste, chills, or muscle or body aches?

Circle Appropriate Answer: YES NO

In the past 14 days, have you been in close contact with a person suspected or confirmed to have Covid-19?

Circle Appropriate Answer: YES NO

Are you isolating or quarantining because you may have been exposed to a person with Covid-19 or are worried you may be sick with Covid-19?

Circle Appropriate Answer: YES NO

In the past 14 days, have you had a positive Covid-19 test?

Circle Appropriate Answer: YES NO

Have you ever had a laboratory confirmed positive test result for Covid-19?

Circle Appropriate Answer: YES NO

If YES, enter date of positive test result: _____

In the past 14 days, have you traveled internationally?

Circle Appropriate Answer: YES NO

If YES, list dates of travel: _____

List date of return to NYS: _____

List destination(s) traveled to: _____

My signature affirms my agreement to comply with all NYS Health Department and Carlucci Home policies and procedures regarding visitation including proper mask use, use of hand sanitizer, remaining socially distant at a minimum of 6 feet, and moving directly to and from the visitation room at the start and end of visit, and keeping to the scheduled visitation time to permit others the opportunity to visit:

Signature: _____ Date: _____

For Staff Only:

Is visitor's temperature prior to entering below 100 degrees Fahrenheit? YES NO

Visitation Approved? YES NO

If visitation is denied, notify resident regarding the reason for the denial of visit.