



## ***Screening Upon Re-entry From a Community Outing***

*Residents should be screened for signs and symptoms same any staff member or essential visitor.*

**Person being screened** \_\_\_\_\_

*(please print)*

- **Please describe what activities you engaged in while outside of the facility.**
  
- **Did you encounter other people in groups during your outing? If so, how many?**
  
- **Were they wearing masks or protective covering?**
  
- **Were you able to remain at least six feet away from others during your visit? For how long were you in close proximity?**
  
- **Did you enter any establishments that did not require the use of face masks?**
  
- **Did you wear a face mask or covering while in the community?**
  
- **To your knowledge, did you encounter another person that was coughing, sneezing, short of breath or fever?**

*Signature of Screener* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_