

Hickory Cove Symptom Screening

Today's Date (MM/DD/YYYY): _____

Temperature Upon Arrival: _____

Screened by (Hickory Cove Staff Member): _____

Guest Name (Please Print): _____

Age: _____ Birth Date (MM/DD/YYYY): _____

1. Have you had close contact (within 6 feet for at least 10 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine in the last 14 days?

Yes No

If you answered **YES**, you should not be at Hickory Cove at this time.

2. Do you currently have any of these symptoms?

Yes No Fever (99.6 or above)

Yes No Chills

Yes No Shortness of breath or difficulty breathing

Yes No New cough

Yes No New loss of taste or smell

If you answered **YES** to any of these symptoms, you should **NOT** be at Hickory Cove at this time.

3. Have you been diagnosed with COVID-19 in the last 10 days or had any symptoms in the last 10 days?

Yes No

If you answered **YES**, you should not be at Hickory Cove until you can answer **YES** to **ALL** three of the following questions:

Yes No Has it been at least 10 days since you first had symptoms?

Yes No Has it been at least 24 hours since you had a fever (without using fever-reducing medicine)?

Yes No Has there been symptom improvement, including cough and shortness of breath?

If you have had any symptoms in the last 10 days and have received a negative COVID-19 test to rule out these symptoms as COVID-19, you can be at Hickory Cove if you have been fever free without the use of fever-reducing medicines for 24 hours and you have felt well for 24 hours. If you have been diagnosed with COVID-19 but do not have symptoms, you should remain home.

I attest that the above Information is true to the best of my knowledge as of ____/____/____.
Month / Day / Year

Guest Signature (if 18 or older): _____

Hickory Cove Staff Member Signature: _____