



**Coronavirus (COVID-19)**  
**VISITOR SCREENING - Questionnaire**

**Admin/Care Staff use:**

	Full Name	Temp ° C	Arrival Time	Visit Start	Visit Finish
VISITOR 1					
VISITOR 2					
Child					
Resident:		Staff escort:	Yes / No	Checked:	
Designated Visitor:			Named Deputy:		

**PRE VISIT SCREENING QUESTIONNAIRE (to be completed by designated visitor)**

<i>Please respond Yes / No to each question below:</i>	Yes/No	Remarks
Have you or anyone in your household any Covid-19 symptoms in the past 7 days? (++) see list of known symptoms)		
Have you developed any of these symptoms, however mild, in the past 48 hours?		
Has anyone in your household tested positive in the past 14 days for Covid-19 or currently isolating or been asked to isolate by TTP?		
Do you consent to providing a swab sample for LFD testing?		
In the event LFD test proves positive do you agree to return home direct, self-isolate and take a confirmatory postal PCR test? (Postal PCR test kit will be issued by the care home)		
How far have you travelled to arrive at Brightside?		
Are you aware that the resident maybe accompanied by a staff Member during the visit?		
If risk assessment permits unaccompanied visiting, do you accept responsibility for the resident's safety and for ending visit on time?		
Do you consent to wear face covering at all times except when in the visitor area ?		
Do you accept that Brightside may terminate the visit at any time?		
Are you aware that you will not have access to any part of the care home except the visitor centre for the duration of the visit?		
Do you require face covering on leaving? (supplied on request)		
Have you been abroad in the past 14 days before your visit?		

++KNOWN SYMPTOMS FOR COVID-19: Cold, common flue, high temperature (37.8°C or above), dry cough, as well as for softer signs such as shortness of breath, loss of appetite and/or sense of smell, confusion, diarrhoea or vomiting.

Signed \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Signed \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE:**

<p>Visit authorised /rejected . Add comments:</p>  <p>Staff Sig: _____ Date: _____</p>
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