

COMMUNICABLE DISEASE SCREENING FORM

Prior to each visit, individuals under 14 years of age, and adults on designated areas must be screened for the following. Any visitor with a positive history or examination may be denied visiting privileges.

This form must be kept on file in the area visited for 2 weeks.

Name of Patient (or area) being visited: _____

Visitor's Name: _____

Name of Person filling out this form: _____

1. Does the visitor have any of the following? Please circle the appropriate answer.

- Sore Throat Yes or No
- Rash/vesicles Yes or No
- Fever Yes or No
- Drainage from Eyes Yes or No
- Nausea, vomiting, or diarrhea Yes or No

If the answer to any of the above questions is yes, person may not visit patient.

2. Does the visitor have any of the following? Please circle the appropriate answer.

- Cough and Runny Nose Yes or No
- Cold Sore Yes or No

If the answer to either of the above questions is yes,

- **Person may not visit if patient is a neonate or is immunocompromised (Exception: Parents or legal guardians are welcome at all times, but they must wear a mask and wash hands).**
- **Person may visit other patients if they wear a mask and wash hands.**

3. Has the visitor been diagnosed with:

- Pertussis within the last two weeks? Yes or No
- Strep Throat within the last 48 hours? Yes or No

If yes, person may not visit patients during the following time frames:

- Pertussis: until person has completed at least 5 days of antibiotic therapy (Erythromycin) or until three weeks after pertussis is diagnosed
- Strep Throat: until 24 hours after antibiotic therapy started

4. Has the visitor been exposed to any of the following within the past 4 weeks? Please circle the appropriate answer.

- | | |
|--------------------------|-----------|
| Chickenpox | Yes or No |
| Measles | Yes or No |
| Mumps | Yes or No |
| Rubella (German Measles) | Yes or No |

If answer to above questions is No, skip to Question #5.

If yes to any of the above questions, has the visitor had that disease or been immunized for that disease?

- | | | |
|--------------------------|-----------|--------------------------|
| Chickenpox | Yes or No | (Varivax vaccine) |
| Measles | Yes or No | (Measles or MMR vaccine) |
| Mumps | Yes or No | (Mumps or MMR vaccine) |
| Rubella (German Measles) | Yes or No | (Rubella or MMR vaccine) |

If answer to above questions is yes, may visit.

If no, person may not visit patients during the following time frames:

- Chickenpox days 8 through 21 after the last exposure
- Measles days 5 through 21 after the last exposure
- Mumps days 7 through 21 after the last exposure
- Rubella (German Measles) days 11 through 26 after the last exposure

5. Has the visitor received oral polio immunizations within the past 4 weeks? Yes or No

If yes, person may visit patients but should not use patient's bathroom. Visitor should wash hands after using a bathroom or adult visitor should wash hands after changing diapers of child who received polio immunization.

Date **Signature of Person Screening Visitor**

Date **Signature of Visitor**
