

NEW MEXICO DEPARTMENT OF HEALTH
FACILITY VISITOR SCREENING QUESTIONNAIRE

In response to concerns regarding COVID-19 (coronavirus disease 2019), and in accordance with guidance issued by the Centers for Disease Control (CDC), this facility is screening all visitors for certain risk factors before entrance is allowed. Facilities may restrict or limit visitation rights for reasonable clinical and safety reasons, specifically to prevent community associated infection or communicable disease transmission to the residents. See 42 CFR §483.10(f)(4).

Please answer the following questions and certify your answers by signing below:

QUESTIONS	YES	NO
1. Have you traveled internationally in the last 14 days to any country currently designated by the CDC as a high-risk location for COVID-19*?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had signs of a respiratory infection in the last 14 days, such as a fever, cough and/or sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had contact with anyone who has been diagnosed with, or screened for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you traveled to another state with widespread community transmission of COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Signature: _____

Date: _____

*As of 3/5/2020 The Center for Disease Control lists China, Iran, South Korea, Italy, and Japan.
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>