

Visitor's Health Attestation

If you have any of the below symptoms or exposures, we ask that you not visit at this time. Please contact us to reschedule, either virtually (by phone or video) or at a later date, once your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.

1. Name

2. Name of JFS Staff you are visiting today

3. Do you have a fever?

Employees who have symptoms of acute respiratory illness are recommended to notify their supervisor and stay home until they are free of fever (100.4° F or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

a. Yes ___

b. No ___

4. Do you have any of the following symptoms?

a. Shortness of breath _____

b. Cough _____

c. Chills _____

d. Repeated shaking with chills _____

e. Muscle pain _____

f. Headache _____

g. Sore throat _____

h. New loss of taste or smell _____

5. Have you traveled internationally or on a cruise ship within the last 14 days?

a. Yes ___

b. No ___

6. Have you cared for, or been in close proximity to someone experiencing the above symptoms in the last 14 days?

a. Yes ___

b. No ___

7. INITIAL below:

I certify that this information is accurate to the best of my knowledge. _____

8. Today's Date (M/D/Y) _____