

## 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**

\_\_\_\_\_

\_\_\_\_\_