

Visitor Questionnaire (From 01/02/2021)

The purpose of this questionnaire is to ensure the safety and welfare of all our residents and staff whilst continuing to welcome visitors to our home. This form should be completed upon arrival at our home prior to entering the building.

Home: The Dower House Nursing Home

Name of visitor:

Name of resident visiting:

Contact telephone number:

Temperature check <i>(if over 37.8 degrees, the visitors is not permitted to enter)</i>	
Temperature	
Name of staff member taking temp	

Date:

Time of completion:

All the following questions require an answer. Should the answer to any of the following be 'yes' the visit should be deferred to Matron, General Manager or Sister-in-Charge.

	Question	Yes	No
1	Have you recently returned from any country outside of the UK? (last 14 days)		
2	Are you currently living in the same house as someone who has been advised by a medical officer to self-isolate? (<i>Contact of contact</i>)		
3	Have you had direct contact with anyone within the past 10 days who has a confirmed Coronavirus (Covid-19) infection?		
4	Have you been contacted by the NHS Track and Trace and told to self-isolate in the past 10 days?		
4	Do you currently have any of the following symptoms: fever, cough, loss of taste and/or smell, or shortness of breath?		
5	Are you currently living in the same house as someone who has displayed any of the following symptoms: fever, cough or shortness of breath?		
6	Have you attended hospital, on a visit or for an appointment or inpatient stay in the last 7 days?		
7	Have you travelled from another area of the UK where there are local restrictions in place?		

If yes, to **ANY** of the above, Matron/General Manager/Sister in charge must be consulted.

Declaration

I confirm the above to be correct at the time of my visit.

Signature: _____ **Date:**.....

Time:.....