

Eastern Star Campus  
Oriskany New York

Order of the Eastern Star  
State of New York

### Visitor Health Screen

Welcome back to the Eastern Star Campus! We are looking forward to a successful visitation experience between you and your family member. Please complete the following health screen so we may determine the visit may take place at this time. **As a reminder, use the alcohol based hand sanitizer that is available prior to your visit.**

Visitor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

1. Have you been exposed to anyone with a confirmed case of COVID-19?    Yes                      No

2. Do you have, or have you experienced in the last 14 days any of the listed symptoms of illness?

New onset of cough	Yes	No
Shortness of breath	Yes	No
Fever	Yes	No
Sore Throat	Yes	No
Nausea	Yes	No
Vomiting	Yes	No
Diarrhea	Yes	No
Headache	Yes	No
Loss of taste/ smell	Yes	No
Chills	Yes	No
Muscle aches	Yes	No

If yes answer to any of the above, you will be asked to postpone your visit.

Temperature Record: \_\_\_\_\_

COVID -19 Test Date/ Result: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Visitation Demographic Information

In order to comply with the NYSDOH Executive Orders for visitation, we are required to collect demographic information. We ask that you complete the demographic information listed below that we must keep in electronic format in the event contact tracing is needed due to a positive test. **ALL information must be entered.**

Visitor Name: \_\_\_\_\_

Visitor Physical Address: ( no PO BOX please )

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: Home \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Resident visiting: \_\_\_\_\_

Date / Time of Visit: \_\_\_\_\_

Thank you.

The Residents and Staff of the Eastern Star Campus