

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. Please do not hug, shake hands, or touch your family member while here.**

Visitor Name: _____ Date: _____

Resident Name: _____

1. Have you recently traveled to an area outside of New York State? Yes No

If yes, please indicate where/ when:

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

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

3. 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.

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