



Agency of Human Services  
Dept. of Disabilities, Aging & Independent Living

## Screening Guidelines for Novel Coronavirus (COVID-19)

Colleagues,

In the midst of all the attention to the COVID-19 virus, it is important to remember that here in Vermont we are still actively engaged in efforts to prevent the spread of the virus. We are well aware of the enhanced risk that this virus poses to older and vulnerable Vermonters. Based on that enhanced risk, Governor Scott, the Vermont Department of Health and the Department of Disabilities, Aging and Independent Living are **strongly encouraging** the use of a short screening for all visitors to long term care facilities or congregate sites.

We have developed the screening questions for you to use; they are attached here. If someone that you screen answers positively to **any** of these questions, they should be encouraged to contact their own doctor to let them know about their symptoms or exposure and denied entry to your facility or site.

We realize that this type of screening and response could be very distressing to family members or to attendees so encourage you to frame it as a “protect yourself, protect others” effort. We hope to reinforce that messaging across multiple channels to raise awareness about the importance of prevention.

For more information on these screening guidelines, please contact the Vermont Department of Health at 802-863-7240.

For more information on the Novel Coronavirus (COVID-19), please visit [healthvermont.gov/covid19](https://healthvermont.gov/covid19) .

Name \_\_\_\_\_

Date \_\_\_\_\_

Facility \_\_\_\_\_

Name of Contact \_\_\_\_\_

### **Novel Coronavirus (COVID-19) Guidelines – General Operating Instructions for Visitors**

**To protect our residents and staff, we are asking all visitors to complete the following questionnaire.**

Have you in the past 14 days:

- Traveled to Vermont from one of the affected countries or regions?  
(listed at [healthvermont.gov/covid-19](http://healthvermont.gov/covid-19))

YES / NO

- Been in contact with a novel coronavirus/ COVID-19 infected person?

YES / NO

- Have you been to a health care facility (hospital, walk-in clinic, emergency room) where people infected with novel coronavirus/ COVID-19 are treated?

YES / NO

- Have you had the following symptoms in the last few days:
  - feel uncomfortable, especially with respiratory symptoms (cough, fever, shortness of breath, difficulty breathing)? /
  - feel unwell, especially with respiratory symptoms (cough, high temperature, shortness of breath, difficulty breathing)?

YES / NO