

Confidential COVID-19 Questionnaire

The safety of guests, staff, volunteers, and residents remains Mercy Center Burlingame's overriding priority. As the COVID-19 pandemic continues to evolve globally, Mercy Center is monitoring the situation closely and will periodically update guidance based on current recommendations from the Center for Disease Control, the World Health Organization, and the California Department of Public Health.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our guests, staff, volunteers, and residents, we are conducting a simple screening questionnaire. **Your participation is important to help us take precautionary measures to protect you and everyone in this building.** Thank you.

Name:	Mobile/Home Phone Number:
License Plate:	
COVID-19 Vaccination Documentation Checked: <input type="checkbox"/>	Retreat Center Host if applicable:
Staff Signature:	

Self-Declaration							
1.	<p>Within the last 14-days, have you been in close contact* with anyone who has been diagnosed as infected with, or is being screened for, COVID-19?</p> <p>MARK OR CIRCLE: Y for "Yes" or N for "No"</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If you answer "Yes" to this question, you must (1) complete a supplemental questionnaire and (2) discuss this with Siena Retreat Center staff. You may be contacted by Siena Retreat Center staff in follow-up.						
2.	<p>Within the last 10-days, have you tested positive for COVID-19 or been diagnosed as COVID-19 positive by a healthcare provider?</p> <p>MARK OR CIRCLE: Y for "Yes" or N for "No"</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If you answer "Yes" to this question, you cannot enter the facility. You are encouraged to continue to seek medical care. Siena Retreat Center will assess future access based on your medical diagnosis.						
3.	<p>Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?</p> <p>MARK OR CIRCLE: Y for "Yes" or N for "No"</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Signature: _____

Date: _____

* "Close Contact" is being within 6 feet of an infected person for accumulative total of 15 minutes or more (need not be a continuous 15 minutes; e.g. could be three 5-minute exposures) over a 24-hour period, starting from 2 days before symptoms started (or, for asymptomatic patients, 2 days prior to test specimen collections) until the time the patient is isolated.

Daily Symptom Tracker

Mark or Circle “Y” for Yes and “N” for No

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:							
Temp Checked/ No Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New or worsening Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/ Congestion	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New shortness of Breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New loss of taste/ smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue/ Muscle Aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<p>I am following all safety measures: wearing my face mask over my nose and mouth at all times (except when <u>actively</u> eating or drinking), washing my hands and/or sanitizing them properly and frequently, and social distancing from others (at least 6 feet). I have answered all questions on this and the supplemental form (if applicable) to the best of my knowledge.</p>							
Your initials indicate your agreement with the above statements.							