



**ATTENTION: ALL VISITORS**

**Please fill out this screening form upon check-in. Our staff will escort you to wash your hands & take your temperature before assigning a visitor badge. Your badge must be visible while in the building & removed when leaving. Thank you for your help in keeping our resident and staff healthy.**

PLEASE READ EACH QUESTION CAREFULLY		PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>• Fever or chills</li> <li>• Cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li> <li>• congestion or runny nose</li> <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul>		<b>YES</b>	<b>NO</b>
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?		<b>YES</b>	<b>NO</b>
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? Are you currently waiting on the results of a COVID-19 test?		<b>YES</b>	<b>NO</b>
Have you travelled out of the state within the last 14 days? If yes, where? _____		<b>YES</b>	<b>NO</b>
<b>Print Name:</b>	<b>Signature:</b>		
<b>Date:</b>	<b>Contact #:</b>		
<b>Sterling Estates Representative Print Name:</b>	<b>Sterling Estates Representative Name:</b>		

**If you have any questions or concerns, please reach out to me personally.  
Deana Harris; Executive Director, Sterling Estates of West Cobb**

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