

YCS VISITOR QUESTIONNAIRE

There is no higher priority to YCS than the safety of our clients and employees. The COVID-19 pandemic has created a new environment for all of us to navigate and protect the health of our clients and employees. In light of the COVID-19 pandemic, YCS is requesting parent/guardian be vigilant in avoiding crowds, social distancing and limiting extent of outings prior to visiting a YCS site.

All visitors to a YCS site (including those picking up a client for an off site visit) will be asked the following questions to protect our YCS community. Please complete the form and sign your name at the bottom. Thank you for your cooperation!

1. Have you had a temperature over 100.4° within the past 24 hours?

YES ____ NO ____

2. Have you had any of the following symptoms in the past 24 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

YES ____ NO ____

3. Have you had close contact with someone who has tested positive for COVID- 19 in the past 14 days? YES ____ NO ____

If yes, please explain: _____

4. Within the past 14 days, have you traveled internationally? YES ____ NO ____

Temperature of Visitor: _____

Temperature of client if leaving with visitor: _____

Name of Client being visited/picked up: _____

Print Name of Visitor: _____

Signature of Visitor: _____

Date: _____

YCS Staff Print Name: _____

If the visitor answers "YES" to any of the above questions, politely explain to the visitor that they will not be allowed to visit the program to protect our clients and staff. If the visitor is there to take a client off site, we will request that this outing is postponed until it is confirmed that the visitor is not Covid positive. Please ask them to contact their Primary Care Physician for further directions.