

COVID 19 Questionnaire

If planning a referral to the Dickinson Restoration Center, please ensure the individual has quarantined for 14 days as per Department of Health protocols, has not had any additional exposure risk following quarantine, and has a negative COVID test 72 hours prior to admission.

Name: _____ Date: _____

Dates of quarantine: _____ Date of COVID testing: _____

Questions:

- Have you recently left the county? Yes / No (please circle one)
 - If yes, where: _____
 - Date(s): _____
- Have you recently left the country? Yes / No (please circle one)
 - If yes, where: _____
 - Date(s): _____
- Have you recently left the State of Pennsylvania? Yes / No (please circle one)
 - If yes, where: _____
 - Date(s): _____
- Have you had any exposure to anyone who is suspected of having COVID-19? Yes / No (please circle one)
- Have you participant in activities in large/crowded areas recently? Yes / No (please circle one)
 - If yes, did you wear a mask?
- When not wearing a mask, did you adhere to social distancing guidelines? Yes / No (please circle one)
- Do you have any symptoms of COVID-19 (temperature, cough, sore throat, shortness of breath)?
Yes / No (please circle one)

If urgent or emergent circumstances are present, the Dickinson Restoration Center will discuss a more rapid admission plan on a case by case basis.

This process is subject to change for a number of reasons, such as, changes to the Department of Health protocols.

Thank you for your cooperation with this process as we ensure the safety of the residents and staff at the LTSR.

Name/Title of Person filling out form

Date