



United in Christian Care

## RETIREMENT VILLAGE

### UPA COVID Screening Questionnaire for visitors, contractors and visitors to UPA Retirement Villages

Name of Resident: \_\_\_\_\_ Unit No: \_\_\_\_\_

Visitor/contractor name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Do you have a cough, cold, runny nose or flu like symptoms?  | Yes | No |
| 2. Have you been in close contact with someone who has flu like symptoms?                                   | Yes | No |
| 3. Have you travelled overseas in the last 14 days?   | Yes | No |
| 4. Have you been in contact with anyone who has visited or returned from overseas in the last 14 days?      | Yes | No |
| 5. Have you have come into contact with someone testing positive to the COVID-19 virus in the last 14 days? | Yes | No |

Signed: \_\_\_\_\_

If you answered yes to any of the above questions, please do not enter the unit and leave the village immediately.

If you answered no to the above questions, please use hand sanitiser / wash your hands before and after visiting.

Thank you!