

VISITATION SCREENING TOOL

This screening tool is to be used by healthcare providers to screen Visitors less than (<) 18 years of age, who present with potential exposure and/or signs and symptoms of illness. It is the promise of the Nemours Children's Hospital to advocate for your child, provide the safest environment and protect your immunocompromised child from any potential illness.

Visitor's Name: _____ Date of Birth: _____

Patient's Name: _____ Today's Date: _____

Is there anyone in your Family or accompanying your child today who has been sick in the last 3 weeks?

Yes

No

Please check a "Yes" or "No" answer for each question below:

Yes

No

Fever (if greater than 100.4/38.0C)

Sore Throat

Cough

Tiredness

Headache

Body ache

Chills

GI symptoms (vomiting, diarrhea)

Cold or flu

Additional Questions:

Yes

No

Do you have any open, draining lesions?

Have you seen another physician for an illness?

__ If yes, Date: _____

Did you receive treatment for the illness?

__ If yes, Date: _____

Any recent travel?

Any additional information?

Please return this Questionnaire to the staff at the desk.

If you have answered "Yes" to any of the above questions, please observe respiratory hygiene, cough etiquette and apply a mask while in the patient care area. Continue to perform hand hygiene before and after contact with your child and encourage others to do so as well.

Thank you!