VINFEN VISITORS AND VENDORS

Vinfen’s highest priority is the health and safety of our persons served and staff. Please note that all residential facilities will NOT be allowing visitors until further notice.

Exceptions to this ban include:

- First responders, including Emergency Medical Services, law enforcement, firefighting and Emergency Management personnel;
- Family members, domestic partners or other persons designated by an individual only when the facility’s Medical Director, a licensed physician or advance practice registered nurse has determined such patient to be at the end stage of life with death being imminent;
- Any person authorized by law to investigate the provision of care and services;
- Service providers who are required to do maintenance or repair necessary without delay for the facility’s continued operation (this includes Vinfen Facilities); and
- Occupational Therapists, Physical Therapists, and VNAs

All Visitor exceptions must complete the Health Screening Form

DIRECTIONS TO VINFEN STAFF:

1. Please make sure visitor exceptions seeking to enter your program or administrative building fill out this form.

2. Collect the form and review it. If anyone answers “YES” to ANY of the questions, please inform them that they may not enter the program.

3. Please place all completed forms in a folder labeled “Visitor and Vendor Screening” and retain them.

4. If you have any questions, please contact your program manager.

Thank you, everyone, for helping Vinfen “slow the spread” and keep the people we serve healthy!
VISITOR HEALTH SCREENING FORM

NAME: ____________________________________________________________

PHONE NUMBER: ____________________________________________________

TODAY’S DATE: _____________________________________________________

TIME: __________________________________________________________________

PERSON YOU ARE HERE TO SEE: __________________________________________

COMPANY (IF YOU ARE A VENDOR): _______________________________________

1. Have you traveled internationally within the last 14 days?
   YES  or  NO

2. Have you been in close contact with any person under investigation for COVID-19 (also known as ‘coronavirus’) within the last 14 days, OR with anyone with known COVID-19?
   YES  or  NO

3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?
   YES  or  NO

Please help us prevent the spread of germs by washing your hands or using hand sanitizer as you come in. Help Vinfen “slow the spread”! Thank you for your understanding.

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