

# Confidential Covid-19 Questionnaire

The safety of retreatants, staff, volunteers and visitors remains Siena Retreat Center’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, Siena is monitoring the situation closely and will periodically update guidance based on current recommendations from the Center for Disease Control, the World Health Organization and the Wisconsin Department of Health Services.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our retreatants, staff, volunteers and visitors we are conducting a simple screening questionnaire. **Your participation is important to help us take precautionary measures to protect you and everyone in this building.** Thank you.

Name:	Mobile/Home Phone Number:
License Plate:	
Visitor Company/Organization if applicable:	Siena Retreat Center Host if applicable:

<b>Self-Declaration by retreatants, staff, volunteers and visitors</b>							
1.	<p><b>Within the last 14-days, have you been in close contact* with anyone who has been diagnosed as infected with, or is being screened for, COVID-19?</b></p> <p>MARK OR CIRCLE: Y for “Yes” or N for “No”</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If you answer “Yes” to this question, you must (1) complete a supplemental questionnaire and (2) discuss this with Siena Retreat Center staff. You may be contacted by Siena Retreat Center staff in follow-up.						
2.	<p><b>Within the last 10-days, have you tested positive for COVID-19 or been diagnosed as COVID-19 positive by a healthcare provider?</b></p> <p>MARK OR CIRCLE: Y for “Yes” or N for “No”</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	If you answer “Yes” to this question, you cannot enter the facility. You are encouraged to continue to seek medical care. Siena Retreat Center will assess future access based on your medical diagnosis.						
3.	<p><b>Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?</b></p> <p>MARK OR CIRCLE: Y for “Yes” or N for “No”</p>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Signature: \_\_\_\_\_

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

\* “Close Contact” is being within 6 feet of an infected person for accumulative total of 15 minutes or more (need not be a continuous 15 minutes; e.g. could be three 5-minute exposures) over a 24-hour period, starting from 2 days before symptoms started (or, for asymptomatic patients, 2 days prior to test specimen collections) until the time the patient is isolated.

# Daily Symptom Tracker

Mark or Circle “Y” for Yes and “N” for No

Date/ Symptom	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Temp</b>							
<b>Fever/ Symptom- reducing meds since last check?</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>Sore Throat</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>New or worsening Cough</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>Runny Nose/ Congestion</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>New shortness of Breath</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>New loss of taste/ smell</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>Fatigue/ Muscle Aches</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<p><b>I am following all safety measures: wearing my face mask over my nose and mouth at all times (except when <u>actively</u> eating or drinking), washing my hands and/or sanitizing them properly and frequently, and social distancing from others (at least 6 feet). I have answered all questions on this and the supplemental form (if applicable) to the best of my knowledge.</b></p>							
<b>Your initials indicate your agreement with the above statements</b>							