

Siena Health Screening Questionnaire

The safety of our retreatants, staff, and visitors remains Siena Retreat Center’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Siena Retreat Center is monitoring the situation closely and will periodically update company 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, 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 for your time.

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

Self-Declaration by retreatants, staff, and visitors	
1.	a. Have you returned from any international travel or from a cruise in the past 14 days? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> b. Have you returned from domestic air or mass transit travel in the past 14 days? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
2.	<i>Answer these questions about others you were in contact with (not including yourself):</i> a. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> b. Have you had close contact with a person while they were ill and their healthcare provider is working to determine if they have COVID-19? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
3.	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
4.	DAILY - Review your responses on this page for any potential changes. Complete Symptom tracker on reverse side each day of your stay / each day you report to work.

Temperatures are required to be taken daily. If your temperature is higher than 99.5, admittance will be denied.

Signature: _____ Date: _____

Note: The information collected on this form will be used to determine your access rights to Siena Retreat Center.

Daily Symptom Tracker

Circle “Y” for Yes and “N” for No

Date/ Symptom	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Temp							
Fever/ Symptom- reducing meds since last check?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New or worsening Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/ Congestion	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New shortness of Breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New loss of taste/ smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue/ Muscle Aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N
I am following all safety measures: wearing my facemask properly at all times, washing my hands and/or sanitizing them properly and frequently, and social distancing from others.							
Your initials indicate your agreement with the above statement							