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Hanover Seaside Club Pre-Check-In Screen

Procedure: All persons staying at the HCS must be screened prior to check-in. Screening must occur prior to the resident receiving keys to their room. Any person who fails screening will NOT be allowed to check-in.

Screeners to state "Your responses are confidential, but this form will be maintained for 14 days after check-out in case contact tracing is required."

Screened Person's Name _____ Room Number _____

1. States or Countries visited in the last 30 days _____
2. Temperature _____ (If temperature is 100.4 or higher, resident cannot check-in)
3. Do you have any of the following symptoms? (circle any that apply)
 - a. Cough
 - b. Shortness of breath
 - c. Sore throat
 - d. Muscle aches associated with the flu
 - e. Chills
 - f. Repeated shaking with chills
 - g. Loss of taste or smell

Screened Person's Response No to all _____

If you have any of the above, you will not be allowed to check in.

4. Are you a medical professional working daily in a hospital or health care facility testing for or treating COVID-19 infections? If YES, answer Questions 6a-6e. If NO, answer Questions 5a-5f.

Screened Person's Response No _____ Go to 5 Yes _____ Go to 6

5. In the last 14 days, have you had contact with any of the following? (circle any that apply)
 - a. Someone with a confirmed or presumptive case of COVID-19.
 - b. Someone under investigation for COVID-19.
 - c. Someone with a respiratory infection.
 - d. Someone who has been asked to quarantine themselves.
 - e. Visited a healthcare setting where there is a positive case of COVID-19.
 - f. Recent trips within the last 30 days such as cruises or overseas trips.

Screened persons Response No to all _____ Go to 7

If you have had contact with any of the above, you will not be allowed to check in.

