

601 South Lumina Avenue Wrightsville Beach, NC 28480 910.256.2726

P. O. Box 434 Wrightsville Beach, NC 28480

## 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.

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

Screer	ed Per	son's NameRoom Number	
1.	1. States or Countries visited in the last 30 days		
2.	. Temperature(If temperature is 100.4 or higher, resident cannot check-in)		
3.	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		
	<u>If you</u>	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		
	treatin	ng COVID-19 infections? If YES, answer Questions 6a-6e. If NO, answer Questions 5a-5f.	
	Screer	ned Person's Response No Go to 5 Yes Go to 6	
5.	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.	
	Screer	ned 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.	

6. In the last 14 days, have you been exposed (without appropriate PPE) to Covid-19 by having 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 guarantine themselves. e. Recent trips within the last 30 days such as cruises or overseas trips. Screened persons Response No to all\_\_\_\_\_ If you have been exposed (without appropriate PPE) to any of the above, you will not be allowed to check in. 7. Screened person should be instructed on HSC policies relating to preventing spread of COVID-19. (Example: wearing of facemask, social distancing, procedure for returning to the Club after being away, etc.) Please initial that you understand the guidelines I understand that during my stay at HSC, I will Practice social distancing at all times \_\_\_Wash my hands and/or use alcohol-based hand rub frequently and before I leave my room and immediately upon return to my room. Monitor myself for symptoms of respiratory infection daily. If symptoms occur, I will immediately notify the Club Manager. I understand that if I have a positive COVID-19 test, am presumed positive, or develop COVID-like symptoms within 14 days following check out, I will notify the Club Manager immediately. Screened Person's Signature (or parent of minor child) Date Screener's Signature\_\_\_\_\_ DATE **TEMPERATURE SCREENER**