



The Doorways Guest Health Screening Questionnaire

Please answer YES or NO to all of the questions below.

Have you had any of the following:

- YES NO Fever higher than 100.4° F (38.0° C) in the past 2 days?
- YES NO Vomiting in the past 2 days?
- YES NO Stiff neck or headache with a fever in the past 2 days?
- YES NO Diarrhea in the past 2 days?
- YES NO Current skin lesions that are “weepy” (fluid or pus filled)?
- YES NO ANY current skin rash?
- YES NO Current cold or flu symptoms (runny nose, cough, congestion)?
- YES NO Exposure to Tuberculosis (TB) in the past 2 months?
- YES NO Exposure to any of the following within the past 3 weeks:
- Chickenpox
 - Household member with head lice
 - Measles
 - Mumps
 - Whooping Cough

Contact the Guest Relations Manager to discuss any “Yes” answer above, prior to allowing entry

Chickenpox Status:

- YES NO Have you had chickenpox or shingles before?
- YES NO Have you been vaccinated against chickenpox (varicella)?

Vaccine Questions

- YES NO Have you received the Chickenpox vaccine within the last 21 days?
- YES NO Have you received the MMR vaccine in the last 14 days?
- YES NO Have you received the Polio vaccine within the last 14 days?
- YES NO Have you received the Rotavirus vaccine within the last 14 days?
- YES NO Have you received the Typhoid vaccine within the last 14 days?
- YES NO Have you received the Flu-Mist vaccine within the last 14 days?

Name: _____

Date: _____

Email: _____

The Society for Healthcare Epidemiology of America guideline for Infection Prevention and Control for Pediatric Patients and Their Families