

Esker Lodge Visitors Risk Assessment Questionnaire

Date & time of Visit			
Permission to collect data re. risk assessment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Visitor's Name & Best contact number			
Have you ever tested positive for COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
Temperature recording			
Have you been advised to isolate in the last 14 days or are you awaiting test result?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you or anyone in your household been in contact with suspected or confirmed COVID-19 in the last 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you or a member of your household in another healthcare facility in the last 14 days.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, did they have COVID positive patients	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unsure <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	
	Date: _____	Date: _____	
Have you had a COVID-19 Vaccine?			
Visit permitted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IPC Measures and PPE used for the visit	Face mask <input type="checkbox"/>	Apron <input type="checkbox"/>	
	Gown <input type="checkbox"/>	Visor <input type="checkbox"/>	
	Hand Hygiene <input type="checkbox"/>		
Additional comments			
Declaration that all of the above information is correct	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Signature of visitor			
Name and Signature of Staff Member			

NB:- Visitors who are **not** fully vaccinated should wear full PPE for all indoor visit

1. Critical and compassionate visit
2. Visit in bedroom
3. All visit in Duna ri room beside front sitting room, courtyard and in the library room