COVID-19 Screening for Access to Hope Network Leadership Facilities (As of March 19, 2020)

The safety of our employees, residents, families and visitors remains Hope Network’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve, Governor Whitmer has ordered healthcare facilities, such as those operated by Hope Network, to perform a health evaluation of all individuals seeking to enter the facility. In order to comply with the Executive Order and to help prevent the spread of COVID-19, all individuals must complete the following screening questionnaire as part of a health evaluation.

1. Are you experiencing any of the following known COVID-19 symptoms?
   - Yes (Check any that apply)  
   - No
   - Fever greater than 100.4°F
   - Cough (unexplained and newly developed or exacerbation of chronic symptoms)
   - Shortness of breath (unexplained and newly developed or exacerbation of chronic symptoms)
   - Sore throat (unexplained and newly developed or exacerbation of chronic symptoms)

   Note: Given seasonal allergies and other conditions, judgment is required if a cough, sore throat, or shortness of breath are present without a fever or are chronic symptoms. Any acute exacerbation of above symptoms, or fever in combination with other symptoms, will always prohibit entrance to the facility while the COVID-19 screening remains in place.

2. In the last 14 days, have you had direct contact (defined as being within 6 feet for 15 minutes or longer) with someone who has traveled to any region that has a COVID-19 Level 3 Travel Health Notice?
   - As of March 19, the following regions are Level 3: China, South Korea, Iran, Europe, Malaysia.
   - Yes  
   - No

3. Have you had direct contact (defined as being within 6 feet for 15 minutes or longer) with someone with a confirmed diagnosis of COVID-19 (coronavirus) within the last 14 days?
   - Yes  
   - No

4. Have you traveled internationally or domestically by air or cruise within the last 14 days?
   - Yes  
   - No

Name Printed: ______________________ Phone Number: ______________________

Signature: ___________________________________________________________________

Facility/Home: _______________________________________________________________

Time: ___________ am/pm    Date: ______________________

If you answered yes to questions 2, or 3, entrance to the facility is prohibited. Please call your healthcare professional to discuss your unique situation or call your local health department. You may also consider calling Spectrum Health at 616-391-2380 or 833-559-0659 for a free COVID-19 phone screening.

If you answered no to questions 1, 2, and 3, you may enter the facility. Please submit this form as directed within the facility.

If you answered yes to question 4, please monitor your temperature and other symptoms daily for 14 days from the final date of travel.

Thank You! Note: You must complete this questionnaire every time you enter the facility. Please immediately advise Hope Network if any of your responses change. The information collected will be used to determine your right to enter the facility.