

**DEPARTMENT OF STATE HOSPITALS - ATASCADERO**

PO Box 7001  
 Atascadero, CA 93423-7001  
 805-468-2000



October 31, 2019

Dear Visitor:

To help ensure the health and safety for both our patients and staff, we ask that you complete the following questionnaire every time you visit to indicate if you currently have any of the following conditions.

| QUESTION   | YES | NO |
|--|-----|----|
| 1. Active fever or fever ( $\geq 100^{\circ}\text{F}$ ) in the last 7 days?  |     |    |
| 2. Active cough?   |     |    |
| 3. Shaking chills?   |     |    |
| 4. Sore throat with/without swollen glands in your neck?   |     |    |
| 5. Unusual or severe headache or neck pain?  |     |    |
| 6. Active vomiting or diarrhea in the last 48 hours?   |     |    |
| 7. Have you been treated within the last 2 weeks for any infectious condition (scabies, lice, etc.)?   |     |    |
| 8. In the last month, have you been around a person who has had pertussis, measles, mumps, chickenpox, or shingles and you have never had them nor been vaccinated against them? |     |    |
| 9. Have you had a flu vaccination for the 2019-2020 flu season? (Must provide proof or wear a mask)  |     |    |

If you have any of the above conditions, your visit may be cancelled today, and we encourage you to seek medical attention with your medical practitioner as soon as possible.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Once you have recovered, you may reschedule your visit.

Thank you for your cooperation.

(Original Signed)

Jason Black  
 Executive Director (A)