

Health Screening Questionnaire for Sibling Visits

As part of our Infection Prevention process in our Neonatal Intensive Care Unit (NICU), prior to each visit, all visiting siblings must complete a health screening questionnaire. Any signs or symptoms of illness or exposure to disease (such as colds, flu, diarrhea or chicken pox) will prevent the sibling(s) visitation at that time. In addition, the NICU has the right to limit sibling(s) visitation during outbreaks of diseases in the community. Proof of your child's up-to-date immunization record is required.

1. How old is the child? (Siblings 5 years old and older may visit) _____

2. Does the child have up to date vaccinations? (**Proof of vaccination required**) Y___ N___

3. Has the child been exposed to any of the following in the past 14 days?
 - i. Chicken Pox's
 - ii. Mumps
 - iii. Measles
 - iv. RubellaY___ N___

4. Does the child have any symptoms of a cold or flu (fever, chills, runny nose, cough, diarrhea or vomiting)? Y___ N___

5. Has the child had any close contact with a probable or confirmed Covid-19 case in the last 10 days? Y___ N___

Name of Sibling: _____

If parent answers "yes" to questions above, child will not be allowed to visit.