



EASTERN LOS ANGELES REGIONAL CENTER

1000 S. Fremont Ave. • P.O. Box 7916 • Alhambra, CA 91802-7916
(626) 299-4700 • FAX (626) 281-1163

COVID-19 Entry Screening for _____

(Name)

The safety of staff and families is our priority at the Eastern Los Angeles Regional Center. Please answer the following questions to the best of your ability.

1. Have you had any of the following symptoms **within the last 10 days**?
 - a. Fever NO YES
 - b. Chills NO YES
 - c. Cough NO YES
 - d. Shortness of breath/difficulty breathing NO YES
 - e. New loss of taste or smell NO YES

2. Have you had contact with a person known to be infected with or suspected to have Coronavirus Disease 2019 (COVID-19) **within the last 10 days**? NO YES

3. Are you subject to a quarantine or isolation order? NO YES

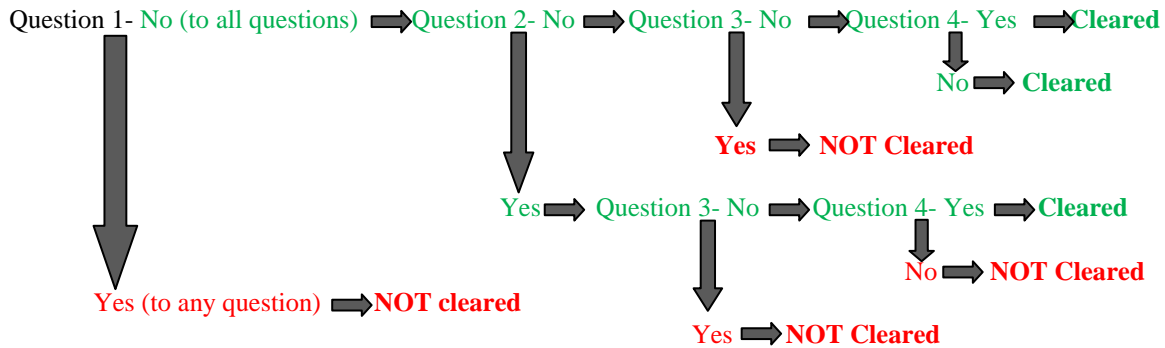
4. Are you fully vaccinated against COVID-19? NO YES

Screening conducted by: _____
(Name)

(Date)

(To be completed by ELARC staff)

Conclusion:



Offer to provide them with COVID-19-Learn about Symptoms and What to do if you are sick in their language (ph.lacounty.gov/covidcare)

Individual Cleared to enter facility

Printed Name

Signature

Individual Not Cleared to enter facility

Title

Date