



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Metropolitan State Hospital

11401 South Bloomfield Ave, Norwalk, CA 90650
(562) 863-7011

May 4, 2009

Dear Visitor:

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

- | | | |
|--|----------|---------|
| 1. Fever | Yes ____ | No ____ |
| 2. Active cough | Yes ____ | No ____ |
| 3. Shaking chills | Yes ____ | No ____ |
| 4. Sore throat with or without swollen glands in your neck | Yes ____ | No ____ |
| 5. Unusual or severe headache or neck pain | Yes ____ | No ____ |
| 6. Loose or frequent stools (diarrhea) | Yes ____ | No ____ |
| 7. Vomiting | Yes ____ | No ____ |

If you have any of the above conditions, we encourage you to seek medical attention with your medical practitioner as soon as possible.

Print Name

Signature

Date

Telephone Number

Once you have recovered, you may reschedule your visit.

Thank you for your cooperation.

SHARON SMITH NEVINS
Executive Director

HOSPITAL MISSION

The Mission of Metropolitan State Hospital is to work in partnership with Individuals to assist in their recovery by using rehabilitation services as our tool, thus preparing them for community living.