

COVID-19 VISITATION DOCUMENTATION

PART A – To Be Completed By Visitor				
Date of Visit		Time of Visit		Resident Visited
First Name			Last Name	
Daytime Phone			Evening Phone	
Street Address				
City			State	Zip
Email				

By signing this document, I certify that:

- I *have not* traveled outside of the US, or I *have* traveled outside of the US and have proof of a negative COVID-19 test taken 3-5 days after returning and have quarantined for 7 days.
- I am not exhibiting any of the signs and symptoms of COVID-19, and have truthfully completed the wellness check for visitation.
- I have not knowingly been in contact with any individuals who have tested positive for, or are exhibiting the signs and symptoms of, COVID-19.
- I have not been to a facility with a confirmed case of COVID-19.
- I agree to abide by the policies and procedures put in place by the NYS Department of Health and Pine Harbour Assisted Living. I understand that visitors who fail to follow policies will be prohibited from visiting during the duration of the COVID-19 state declared public health emergency, per the NYS Department of Health.

Signature _____ Date _____

PART B – To Be Completed By Facility				
Visitor Screening Completed By		Date of Visit	Time of Visit	Visit Location
Visitor Temperature	Signs/Symptoms Visible/Reported (Describe)			
Visitor Successfully Cleared Temperature Check		Visitor Successfully Cleared Screening Questions		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Comments				
				Visitor Turned Away <input type="checkbox"/> Yes <input type="checkbox"/> No
				ED Initials: