

***Visitation Form***

***Please download and complete this form. Also, please remember to bring it with you when you come in for visitation.***

Name of Resident: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

***Do you have any of the following?***

Fever or chills

• Individuals who have a fever (100.4° F [38.0° C] or greater using an oral thermometer) are strongly urged to stay home.

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea Are you ill, or caring for someone who is ill?

• Visitors who are well but who have a sick family member at home with COVID-19 should notify The New Homestead Home for Adults.

Signature: \_\_\_\_\_