**Signature below acknowledges that you have been informed of the following:**

* **Visitor Criteria Attestation letter has been reviewed, signed, and returned to staff member.**
	+ **With subsequent visits, you will continue to meet the Visitor Criteria as attestation states.**
	+ **Education materials are provided. If you have any questions, address the staff member as directed.**
* **Contact tracing will be initiated if testing reveals a positive Covid-19 result in the resident you have visited.**
* **Contact information will be obtained on the first visit.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Phone #/Address** | **Print/Sign Name** | **Resident** | **Temp** | **Time in/out** |
|  |  |  |  |  |  |
| **Circle if present:** **New Onset: cough, loss of taste/smell, fever, shortness of breath, exposure to ill and/or Covid + person, recent travel outside of the county.** | **I attest that I understand the requirements for visitation as posted.** **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **Circle if present:** **New Onset: cough, loss of taste/smell, fever, shortness of breath, exposure to ill and/or Covid + person, recent travel outside of the county.** | **I attest that I understand the requirements for visitation as posted.** **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
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