

Senior Living Facility COVID-19 Daily Visitor Form

Date

Time In

Visitor Name

Phone Number

Resident Visiting

Screening Questions

In the last 14 days, have you:

☐

Been in contact with a COVID-19 positive individual

☐

Traveled outside the country/state/province

☐

Experienced any COVID-19 symptoms

If yes, please describe

Temperature Reading

Temperature (°C/°F)

Signature

Visitor Signature

Staff Initials