BETH SHOLOM
Excellence in Senior Living
Well-Being – for Life.

IN PERSON VISITATION

___ Parkside ___ The Gardens ___ Healthcare Center

DATE _____

Your name _____

The name of the resident you are visiting _____

Please complete the facility screening for temperature and symptoms, and then respond to the following questions:

Question	**YES**	**NO**
In the past 14 days, have you experienced a cough, sore throat, fever, shortness of breath or other respiratory symptoms?		
In the past 14 days, have you had contact with any person known to be positive for COVID-19?		
Have you been vaccinated against COVID-19?		

Please initial your understanding of visitation guidelines:

GUIDANCE	**INITIALS**
I will remain masked throughout this visit with my loved one, with my both my nose and mouth covered.	
I understand there cannot be any physical contact between me and my loved one at this time and will refrain from touching or hugging one another.	
I understand that visitation is monitored to ensure compliance with infection control guidelines, and that I can be asked to leave if there is reason to believe health or safety could be compromised.	
I understand that I cannot visit at this time if my temperature, as taken by staff, exceeds 99.8 degrees F, if I have symptoms of COVID-19 or if I am unvaccinated and have been exposed to another person who has COVID-19 infection.	
I have reviewed the facility's visitation policy and procedure.	
My SIGNATURE	**DATE**

My temperature today, as taken by staff: _____