



Welcome Independent Living Visitors and Volunteers

Please take a moment to complete this form and bring it with you each time you visit. A new form must be submitted for each person, each visit. **Please print legibly and fill out day of visit.**

Printed Visitor/Volunteer Name

Visit Date

Resident Name if applicable

Apartment # / Destination

Please review the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Unusual fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Head congestion or runny nose
- Nausea or vomiting
- Diarrhea

| Have you: | Yes | No |
|---|-----|----|
| Experienced any of the symptoms listed above in the last 72 hours? | | |
| Had known contact with an individual who is COVID positive in the last 14 days? | | |
| Gathered in any groups larger than 10 people in the last 14 days? | | |

→ If you answered YES to any of these questions, please postpone your visit for at least two weeks.

Please read and adhere to the Independent Living Visiting Family, Friends and Volunteers Guidelines for the safety of your loved one and all campus residents and employees.

Your signature below serves as acceptance of Beatitudes Campus guidelines and that your answers are truthful to the best of your knowledge.

Signature

Date

Best contact phone number