

## COVID-19 Family Home Visit Attestation

Dates of Visit: \_\_\_\_\_ To: \_\_\_\_\_ Visit Start Time: \_\_\_\_\_

For everyone’s safety we are requesting the following:

1. Please use masks during times when 6 ft. social distancing cannot be maintained while in public places.
2. Maintain social distancing whenever possible.
3. Remember the importance of good handwashing/hand sanitizing.
4. Please limit exposure to different people and places during the visit.
5. Members from the family household must meet the following conditions: no household members currently under quarantine/isolation due to COVID19, no presence of COVID19 symptoms within the last 14 days, no close or proximate exposure with someone suspected to have had or had COVID19 within the last 14 days, no out of country travel or travel to 1 of the states listed on NYS Travel Advisory within the last 14 days

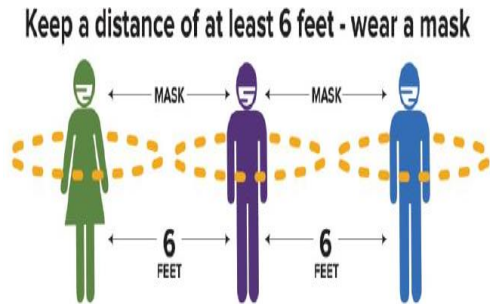
For tracking purposes, please document the names and addresses of any and all places your family member spent time during their visit.

<i>Address where visit occurred;</i>	<i>People person had close contact with;</i>

I understand all the safety procedures listed above and confirm to the best of my knowledge that all members of the family household meet the conditions noted above:

Family Member’s Signature \_\_\_\_\_

Time Visit Started: \_\_\_\_\_



To the best of my knowledge the above expectations were followed and no exposure or COVID-19 symptom concerns arose during the duration of this visit:

Family Member’s Signature: \_\_\_\_\_

Time Visit Ended: \_\_\_\_\_

Were there any concerns or challenges that occurred during the visit: \_\_\_\_\_  
\_\_\_\_\_

Staff Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Residence Manager, Date