COVID19 Family Home Visit Log-Last Updated -7/15/20

Individuals Name	Address where visit will occur	Individual is supported with symptom check, temperature check, & to wash & sanitize hands prior to visit.	Date & Time visit started	Date & Time visit ended	Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household was currently under isolation or quarantine for COVID-19	Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the house had any known exposure to COVID-19 in the prior 14 days	Confirmation that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has exhibited any of the following symptoms within the last 14 days: cough, temp of 100 or >, sore throat, shortness of breath, headache, chills, muscle pain, & new loss of taste or smell.	Individual is supported with symptom check, temperature check, & to wash &sanitize hands upon return home.	If agency vehicle is used to provide transportation from home visit I verify that I ensured the vehicle was cleaned & disinfected.