

Family/Friend Visit Log – 6/19/20

Visitor(s) Name(s): _____ Visit Date: _____

Visit Time Frame: _____ Planned Location: Outdoors____, Window____, Other _____

Employee greeting Visitor(s) will ensure all screening questions are answered.

Screening Process: 1. *Symptom question* Yes / No (Justification for the rule)

1. Is temperature greater than 100* Yes / No (Temperature > 100 is one of the most common symptoms of the virus)
2. Have you tested positive for Covid-19 through a diagnostic test in the past 14 days? Yes / No (14 days is the key period of time for contagion to occur)
4. Have you traveled out of the United States in the last 14 days? Yes / No (Recommended question given exposure potential when traveling)
5. Have you had close or proximate contact with someone who was COVID19 positive within the last 14 days? Yes / No (Need to negate exposure to anyone during contagious period)
6. Do you have any of the following symptoms: fever > 100 within the last 72 hours, persistent cough, sore throat, congestion, shortness of breath, diarrhea for > 48 hours, vomiting for > 48 hours, or loss of taste/smell? Yes / No (Most common symptoms associated with COVID19)
 - If Visitor(s) answered “Yes” to any of the questions then the visit will need to be rescheduled or occur as a “Window Visit”.

Expectations for visit: 1. *Expectation (Justification)*

1. Surgical mask, provided by Lexington, will be worn by Visitor(s) throughout visit. (Protect people we support from COVID19 positive Visitor and vice versa)
2. Social distancing will be maintained through visit (Droplets are known to travel 6 feet)
3. Lexington will provide hand sanitizer so that thorough hand sanitization is completed prior to visit (Effective containment strategy)
4. No food or drink will be consumed during the visit. (Eating/Drinking requires mask removal and increased exposure potential)
5. Visitors will not be allowed to enter the home for any reason at this time (Need to minimize exposure to everyone else we support and employee from this home)

I can attest that I understand and agree to the expectations for my visit:

Visitor Signature _____ Time Visit Started: _____

I can attest that the above expectations were followed for the duration of my visit to the best of our ability:

Visitor Signature: _____ Time Visit Ended: _____

Employee Use Only

Cleaning & Disinfection: *Area is to be cleaned/disinfected before and after the visit*

I verify that I ensured the location of the visit was cleaned and disinfected prior to and after the scheduled visit.

Residence Manager or Shift Supervisor

Date

Comments: _____

