KINGSTON
HEALTHCARE COMPANY

COVID-19 INDOOR Visitation Guidelines Acknowledgement Form

Thank you for completing this form prior to your visit. If you are unable to print and bring this form with you, please plan to arrive in advance of your scheduled visit so that we can provide you a blank form to complete. We look forward to seeing you again!

Name of Resident you are here to visit: _____

Visitor #1: Name: _____

Contact #: _____

Address:
_____

I have read and understand Visitor Guidelines and Consent to COVID-19 Questionnaire: YES NO

Signature: _____

Date: _____

Visitor #2: Name: _____

Contact #: _____

Address:
_____

I have read and understand Visitor Guidelines and Consent to COVID-19 Questionnaire: YES NO

Signature: _____

Date: _____

Acceptance of Visitor Guidelines and Consent for COVID-19 Questionnaire, temperature check, and any other required testing as required for all visitors.

A signed copy of this form will be maintained for future visits. Future visits will only require Assessment/Check-In unless additional guidelines need to be added for safe visitation.