

COVID-19 VISITATION DOCUMENTATION

PART A - To Be Completed by Visitor		
Date of Visit	Time of Visit	Resident Visited
First Name	Last Name	
Telephone Number	Email	

By signing this document, I certify that:

- * I have not received a positive COVID -19 rapid or PCR test within the last 5 days.
- * Regardless of a negative COVID-19 rapid or PCR test result; am experiencing no symptoms of COVID-19.
- * I do not meet the current Clinton County Health Department , or NYS Department of Health requirements of quarantine.
- * I agree to abide by the policies and procedures put in place by the NYS Department of Health, Clinton County Health Department, and Pine Harbour Assisted Living. I understand that visitors who fail to follow policies will be prohibited from visiting.

Signature _____ Date _____

PART B - To Be Completed By Facility	
Visitor Screening Completed By	
Signs/Symptoms Visible/Reported	Vaccination Status
	<input type="checkbox"/> Fully Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Refusal
Visitor Successfully Cleared Temperature Check	Visitor Successfully Cleared Screening Questions
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments	
<input type="checkbox"/> Provided Flyer (COVID-19 Case Only)	<div style="background-color: #cccccc; padding: 2px;">Visitor Turned Away</div> <input type="checkbox"/> Yes <input type="checkbox"/> No CM Initials:

