



VISITOR SCREENING AND CONTACT INFORMATION

As part of the screening process, we are required by the Department of Health to obtain your contact information and to make it available for inspection and potential contact tracing.

Please print clearly:

Last Name:	
First Name:	
Physical Street Address (No P.O. Box)	
Day time phone #	
Evening time phone #	
Cell Phone #	
Email Address	
Date and Time of Visit	
Resident Name	

*******The individual above cleared the screening (both temperature and questions) *******

SCREENER NAME AND TITLE: _____

SIGNATURE: _____

DATE/TIME: _____