

**Riverside Rest Home
Visitation Attestation Form
1st time visiting Riverside Rest Home/Hyder House in 2021.
Effective Thursday December 2, 2021**

This policy is to be instituted and maintained for the entirety of the COVID-19 Pandemic, unless updated.

Subsequent visits in 2021-2022 will not require this form to be completed. Once completed, if there are no changes, the visitor will review the posted signage related to COVID-19 risk of exposure or symptoms. Each day the visit occurs, including the first visit when this form is completed, visitors will: print their name, answer questions relevant questions, sanitize hands, write the resident who is being visited, have their temperature taken and recorded, and sign the Visitor Screening Log. A new form is required if there are any changes. *If you completed the 06.29.21 form, this does not need to be completed.*

1. I have been given, reviewed and understand the Visitation Policy and agree to adhere to it.
2. I agree to RRH screening below, follow up questions if needed, and have my temperature to be taken prior to my Visit.
3. I understand that COVID-19 continues to be prevalent in the community; I understand the risks associated with transmission to or from the facility.
4. I have and will continue to review the posted signs regarding COVID-19 related risk factors. I will answer the questions truthfully.
5. I will notify Screener/Monitor if I get ill anytime during visit.
6. I agree to notify Riverside Rest Home if I develop any signs and symptoms of COVID-19, as outlined in my screening, within 2 days (48 hours) after visiting.
7. I understand that I am encouraged, but not required, to disclose my vaccination status and participate with screening testing prior to visiting. These questions and requests are to ensure the safety of all individuals that live and work at Riverside Rest Home.

Visitor Name: _____
(Please Print)

Visitor Physical Address: _____

Phone Number: _____

Vaccination Status:
 Not Vaccinated Partially Vaccinated Fully Vaccinated Decline to disclose

If applicable:
Manufacturer: _____ Date of 1st dose: _____ Date of 2nd dose: _____

Testing:
 Declined to participate Provided copy of COVID-19 negative test, conducted in the past 5 days elsewhere.
 Rapid Antigen Test performed at Riverside Rest Home. Result _____. If positive may not enter.

**Riverside Rest Home
Visitation Attestation Form
1st time visiting Riverside Rest Home/Hyder House in 2021.
Effective Thursday December 2, 2021**

This policy is to be instituted and maintained for the entirety of the COVID-19 Pandemic, unless updated.

I attest to answering the above questions truthfully, and screening questions truthfully each individual visit. I understand that my temperature will be taken at each visit. Should any of the areas outlined in the policy occur, my visit may be cancelled with little or no prior notification. I will adhere to the policy for visitation.

By Signing below, I agree to comply and adhere to the areas outlined on this form and that I have not had symptoms of COVID-19, I am not currently required by the state of NH to quarantine due to contact or exposure to COVID-19, and that I am not considered at risk of exposure to COVID-19.

I am aware that my visit and further visits may cease if I am determined a risk to the health and safety of the individuals at Riverside Rest Home/Hyder House.

If Visitor is under 18, accompanying adult signature: _____

Visitor Signature: _____ Date: _____

Resident Visiting: _____

Unit: _____

Or

Various Residents/Units during different visits.