

To protect our residents and staff during the COVID-19 pandemic, we are requesting that visitors to the building provide their name, contact information and purpose of visit to help prevent the spread of the virus and to ensure you can be contacted in the event of a confirmed diagnosis of COVID-19 of a resident or staff in the building.

**BY ENTERING THIS BUILDING I AGREE:**

—I am not exhibiting any flu symptoms, i.e fever, cough or shortness of breath

—I have not had any person-to-person contact with someone has exhibited coronavirus symptoms in the last 14 days.

—I have not visited an area where there has been a significant outbreak, such as coronavirus or influenza, in the last 14 days.

| DATE AND TIME | NAME (Print) | CONTACT METHOD: EMAIL OR CELL PHONE NUMBER | PURPOSE OF VISIT, (resident or floors visited) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |