



Pre and Post Home Visit Form

Revised 9/01/21

Name of Individual: _____ Date(s) of Visit: _____

Address of Home Visit: _____

Planned Location(s) of Visit: _____

Individuals may participate in home or family visits only if all of the following circumstances are met:

PRE-HOME VISIT

Families must be reminded that during any off-site visit, exposure to members of different households and to public places, in general, should be done with caution and on a limited basis. Good hygiene must be practiced and families should encourage individuals to wash/sanitize their hands throughout the day. Safe social distancing should be maintained, whenever possible. We strongly encourage masks to be worn in public and indoors to protect both families and individuals including whenever social distancing cannot be maintained. If the family does not have face coverings for the individual and they would like them, they must be provided for the individual.

Inform the family we will need a complete list of addresses of any and all places the individual spent time during the home visit, including the names of other people spending time in close contact (within 6 feet and longer than 15 minutes) or proximate contact upon the individual's return.

Inform the family that any individual returning from an extended leave of 3 or more consecutive days, will require a negative COVID test to return. We request this test be completed within 24 hours or less of the individuals return to the residence. The test results should be available and given to staff receiving the individual.

Prior to Leaving the House:

Did you confirm that that person(s) picking up or receiving an individual for a home visit denied that anyone in the household was currently under *isolation or quarantine* for COVID-19? **Yes or No**

Did you confirm that person(s) picking up or receiving an individual for a home visit denied that anyone in the household had any known *exposure to COVID-19* in the prior 14 days? **Yes or No**

Did you confirm that person(s) picking up or receiving an individual for a home visit denied that anyone in the household has *exhibited* any of the following symptoms within the last 14 days: **Yes or No**

Fever of 100.0°F or greater	Yes / No
Cough	Yes / No
Shortness of breath	Yes / No
Difficulty Breathing	Yes / No
Sore Throat	Yes / No
Congestion	Yes / No
Runny Nose	Yes / No

Chills	Yes / No
Muscle Pain	Yes / No
Loss of taste / smell	Yes / No
Fatigue	Yes / No
Headache	Yes / No
Nausea	Yes / No
Vomiting	Yes / No
Diarrhea	Yes / No

Did you confirm that the individual participating in the visit passed their health screen immediately prior to participating in the home visit? **Yes or No**

Did you ask the family prior to home visits if they would like to have face masks for the individual? **Yes or No**
If masks were provided how many were given? _____

VISITOR ATTESTATION: I was informed that the individual participating in the visit has passed their health screen immediately prior to leaving for the home visit.

I agree that during any off-site visit, exposure to members of different households and to public places, in general, will be done with caution and on a limited basis. Good hygiene will be practiced and safe social distancing will be maintained, whenever possible.

I am aware that an extended leave is considered 3 or more consecutive days outside of the residence. I understand a negative COVID test must be completed within 24 hours or less prior to returning to the residence. The test results should be available and given to staff receiving my loved one.

I will ensure that the individual under my care will be washing and/or sanitizing their hands throughout the day, implementing social distancing whenever possible, and wearing face coverings whenever social distancing cannot be maintained in public.

I attest that I have enough face coverings for the individual under my care for the duration of the visit. I have been informed that if I do not have face coverings for the individual stated above, they will be provided to me.

I am aware that I will need to provide a complete list of addresses of any and all places we spent time during the home visit, including the names of other people spending time in close contact (within 6 feet longer than 15 minutes) or proximate contact upon my individual's return.

I attest that there is no one in the household that is currently under isolation or quarantine for COVID-19.

I attest that there is no one in the household that had any known exposure to COVID-19 in the prior 14 days.

I attest that there is no one in the household that had exhibited any of the following symptoms stated below within the last 14 days:

Fever of 100.0°F or greater	Yes / No
Cough	Yes / No
Shortness of breath	Yes / No
Difficulty Breathing	Yes / No
Sore Throat	Yes / No
Congestion	Yes / No
Runny Nose	Yes / No

Chills	Yes / No
Muscle Pain	Yes / No
New loss of taste / smell	Yes / No
Fatigue	Yes / No
Headache	Yes / No
Nausea	Yes / No
Vomiting	Yes / No
Diarrhea	Yes / No

Printed Name of Visitor: _____

Signature of visitor: _____ **Date:** _____

Upon Return from Home Visit:

Did the individual pass their health screen upon return from the home visit? **Yes or No**

If no, was management and the Nurse immediately notified? **Yes or No.** If **No**, please explain why:

Please list the addresses of any and all places the individual spent time during the home visit if different from the planned locations. Please include the names of other people spending time in close/proximate contact (within 6 feet and longer than 15 minutes):

Name of other people spent time with	Complete Address

If additional space is needed please utilize the continuation form.