

RESIDENT VISITATION LOG REQUIRED FOR ALL VISITS

FACILITY _____

DATE	ROOM	RESIDENT'S NAME	VISITOR'S NAME AND TELEPHONE NUMBER	TIME IN	TIME OUT

Pursuant to the **DEPARTMENT OF HEALTH AND HUMAN SERVICES RECOMMENDATIONS ON VISITATION IN LONG TERM CARE FACILITIES TO REDUCE RISK OF TRANSMISSION OF COVID-19**

MARCH 13, 2020.