



VISITOR SCREENING RECORD

TO BE COMPLETED BY ALL VISITORS AND PASSED TO THE SUPERVISING STAFF MEMBER BEFORE EACH AND EVERY VISIT

VISITOR DETAILS

Visitor / contractor name:		Date of visit	
Visitor Address		Test QR code	
Visitor Mobile Number		Test result	
Time of Visit:			

SCREENING QUESTIONS ON ARRIVAL AT HOME

If the answer is YES to any of the following questions, review and seek advice from home manager. Record on reverse and in the care notes the reason for refusal of the visit. (Please circle)

Do you have any symptoms consistent with COVID-19 (i.e., high temperature (37.8°C or above), a new, continuous cough or loss or change to your taste or smell)?	Y	N
Have you tested positive for COVID-19 within the last 10 days?	Y	N
Have been knowingly exposed to someone with COVID-19 within the last 10 days?	Y	N
Has anyone in your household or anyone they have been in close contact with has symptoms of COVID-19?	Y	N
Have you been advised to self-isolate by a contact tracer from NHS Test Trace Protect?	Y	N
Have you been fully vaccinated?	Y	N
Have you returned from overseas travel in the last 10 days and taken a post arrival test (non-vaccinated)	Y	N

HAND WASHING

Confirm hand sanitising (gel) witnessed at start of the visit	Y	N
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(Please tick to confirm)

CONDITIONS OF THE VISITS

1. Due to increasing COVID -19 infection rates, Hafod has decided to temporarily re-introduce the mandatory use of mask wearing when visiting our care homes, unless exempt for medical reasons.	
2. I agree to follow all safety instructions provided by staff during the visit	
3. I agree to undergo a Lateral Flow Device Rapid Test before entering the home – I will also follow the advice of staff should I receive a positive result	

DECLARATION

I support the home in its top priority to protect residents and staff from Covid-19 during the current pandemic. I accept that any breach of these rules may result in me not being permitted to make any further visits during the pandemic and may result in the resident having to isolate for 14 days. I also accept that the home may be required to report such instances to the local safeguarding authority.

Signature of visitor: _____ Date: _____

FOR OFFICE USE ONLY: REASON FOR REFUSAL OF VISIT

Positive LFT Result		Date:	
Did not pass screening questions		Print Name:	
Did not agree to conditions of visiting		Signed:	
Breach of conditions and declaration		Designation:	
Other...			