



BROAD REACH
HEALTHCARE

Social Visit Registration Form

(Completed prior to each visit.)

Instructions to Prospective Visitor:

1. Review the organization’s *Visitor Screening, Visitation Limitations & COVID-19 Access Restrictions* policy and procedure.
2. Complete the questions below.
3. Submit completed registration form to:
 - ➔ Liberty Commons: SteveFranco@BroadReachHealth.org; fax: 508.945.2245
 - ➔ Victorian: CelesteFox@BroadReachHealth.org; fax: 508.945.2152

Resident/Patient Name:		
Visitor Name:		
Phone # <input type="checkbox"/> mobile (preferred)	Email:	
How frequently do you intend to visit?		
What are your COVID-19 Lifestyle Responsibility Choices?	YES	NO
1. Are you wearing a face covering when unable to social distance in public settings?		
2. Are you practicing social distancing?		
3. Are you performing hand hygiene with increased frequency?		
4. Have you had a flu shot?		
a. If no, are you getting a flu shot?		
5. Have you been COVID-tested (with a negative result)?		
6. Are you willing to be tested now through our antigen testing program (15 minute result, on site)?		
<i>There is no charge to visitors participating in facility testing. Insurance will be billed where applicable.</i>		
Visitor COVID-19 Facility Visitation Commitment: Do you understand and intend to follow all visitor protocols set forth in the <i>Visitor Screening, Visitation Limitations & COVID-19 Access Restrictions</i> ?		
Visitor Signature _____ or Visitor interview conducted telephonically by: _____	Date:	
(staff member who conducted telephonic interview)		

ORIG to Facility Visit Manual Binder ■ COPY to Infection Preventionist