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Visit Attestation Form

Updated March 26, 2021

ТΥ	PF	OF	VISI	T:
		<u> </u>	101	••

ONSITE (circle one): YES	NO		
OFFSITE (circle one): YES	NO		
Date(s) of Visit:		Time o	f Visit:
Visitor(s) have been vaccinated	(circle one):	YES	NO

The following form is for use at Amego residential programs in order to support visits. This form should be completed prior to departure from the program site and upon return.

At the discretion of residential program staff, this form may be completed verbally (i.e., by a staff member, in conversation with the person responsible for the offsite visit)

This form is being completed by:

- □ Parent / guardian
- Other (Relationship to Resident______
- □ Staff member on behalf of one of the above (check both)

Signature:

)

I ______ (name) have read the Amego Visitation Policies and that all the requirements listed allowing the off-site visit to occur are true, to the best of my knowledge, and that I will make every reasonable effort to follow infection control best-practices during the entirety of the visit, such as the preventative measures outlined by Amego.

(Name of resident)

(Name/Relationship to resident of person completing this form)

(Signature)

(Date)

Visit Attestation Form



Updated March 26, 2021

Listing of Close Contacts

Prior to departure from the residential program, the following form should be completed listing all individuals with whom the resident is expected to come into close contact, defined as being within 6 feet for at least 10-15 minutes. Upon return, this form should be verified and updated as necessary.

Name	Phone number	Email address