**Visitor Log – updated 9/22/20**

Staff must complete visitor log in full for each individual visitor and for each separate visit. Visitors shall also be screened and a Screening Log/Document shall be maintained for documentation.

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| **Date & Time of Visit** | **Visit Location****(Indoor I or Outdoor O)** | **Name of Visitor** | **Phone Number of Visitor** | **Address of Visitor** | **Screened****(Y or N)****If not screened or refuse screening visit cannot occur** | **Name of Resident Receiving Visit** |
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*Template provided by the Iowa Health Care Association Last updated 9/22/20*