Name	Company/Organization/ Family/Friend	Telephone Number	Temperature	Symptom and Contact Screening	Allow in? (y/n)
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	
				Pass Fail	

VisitorForm_v1 20 March2020

[Name of Care Home]

CoVID Pandemic Visitor List

VisitorForm_v1 20 March2020