

**Woodland Pond Health Center Visitor Safety and
Contact Tracing Form
Dated May 20, 2021**

Visitor First and Last Name:

Physical Street Address:

City _____ State _____ Zip Code: _____

Best Phone: _____

Email address: _____

Please confirm that you have reviewed, understand, and will adhere to the visitor safety tip sheet provided by Woodland Pond (on the reverse of this sheet): _____ (initial)

Date of Today's Visit: _____

Time of Today's Visit: _____

Name of Resident(s) You Are Visiting Today:

*This form is required to be completed & submitted to Woodland Pond staff at the outset of each visit to Woodland Pond. If you develop symptoms of any illness or have a suspected illness 14 days following your visit, please contact your PCP, self-isolate and take your temp 2x/day. Please also contact us at 845-256-5910. **This data will not be shared by Woodland Pond.***

Your signature:
