



**Visit Attestation Form**

**Updated March 26, 2021**

TYPE OF VISIT:

ONSITE (circle one): YES            NO

OFFSITE (circle one): YES            NO

Date(s) of Visit: \_\_\_\_\_                                      Time of 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)

