## Registered office: Unit 4, Midfield Drive, Kirkcaldy, KY1 3LW SC370558 @Abbotsford Care (Glenrothes) Ltd ABBOTSFORD CARE (GLENROTHES) LTD

## Visitor Booking Form



Care Home:		Date:		
	S (Name, company Name, Address, Tele			
Visitor Name:		Resident you are visiting:		
Telephone Number:				
Email Address:				
Address:				
Your contact details may be used by Public Health as part of the 'Test and Protect' strategy, should there be a necessity following your visit to the care home.				
Information on Visiting				
<ul> <li>Visiting Hours will be from 10am-7pm daily however there will be no visiting during protected mealtimes.</li> <li>Visiting will be limited to 30 mins slot in order to ensure additional cleaning and preparation can take place between visits and also to ensure we have as much capacity as possible for visitation.</li> <li>Only one nominated person will be eligible to visit once per week as per government guidelines.</li> <li>You must arrive 5 mins before your designated time slot to ensure you can complete the</li> </ul>				
necessary paperwork and follow the appropriate infection control procedures.				
<ul> <li>A face covering must be worn throughout the visit.</li> <li>Should you require to cancel your allocated visit please let the Care Home know as soon as possible in order for the slot to be utilised by another family.</li> <li>Should we require to cancel your visit for any reason we will contact you as soon as possible.</li> <li>Abbotsford Care continue to be informed by Scottish Government guidance and will therefore notify you of</li> </ul>				
	any relevant updates a			only you of
Your Designated visitin				
Start Time of Visit:		End time of Visit:		
<ul> <li>I have been following the current Scottish Government guidelines on social distancing.</li> <li>I have not been experiencing any symptoms or have displayed symptoms of Covid-19 in the last 3 weeks.</li> <li>I confirm I do not leave my house unless I am going to essential work, going for essential shopping, going a short distance from my home for exercise or meeting a different household (outside and at a distance of 2 metres).</li> <li>I have not been in close contact with anyone who has displayed symptoms of COVID-19 in the last 3 weeks.</li> <li>I have not left the country in the last 3 weeks.</li> </ul>				
On the day of your visit:				
<ul> <li>I confirm whilst visiting my relative I will ensure I adhere to social distancing and remain 2m away from them at all times. Ensuring no physical contact with my loved one.</li> <li>I confirm that if I have any concerns during my visit, I will raise them with the home manager</li> <li>I confirm that if I become unwell within 48 hours of visiting the care home that I will contact the home without delay in order for them to take the necessary action in relation to tracing my contacts.</li> </ul>				
Visitor Sign		Date:		
TO BE COMPLETED BY ABBOTSFOR				
Staff member who facilitated the	visit:			
Visitors Temperature Rea	-	Does the visitor have the appropri- face coverir		🗆 No
Sign to confirm Screening Paper completed appropria	ately:	Mask giv	en:□ Yes	□ N/A
Comments or Further Feedback on visi	n: e criteria listed above we will evaluate your	responses in order to determine th	e potential risk an	d you may not be