Visitor Pass

Please fill out the visitor information and screening questions prior to your visit, and bring this pass to the screening station in order to expedite the screening process. Please have your license readily available to show to a screener.

Visitor Information

Patient Name (Last name, First name): ________________________________
Visitor Name (Last name, First name): ________________________________
Location of Patient (if known, include inpatient unit or clinic): ____________
Unit phone number (to be filled in by screener as needed): ________________

Screening Questions

Symptoms: In the past five days, have you had a fever, cough, shortness of breath, sore throat, chills, sore muscles, or new onset of loss of taste or smell?

Yes___ No ___

Travel: Have you traveled from a high-risk state per the Massachusetts Travel Order?

Yes___ No ___

If you answered YES to the symptoms question, you’ll be denied entry. If you have answered YES to the travel question, fill out the UMass Memorial Medical Center Massachusetts Travel Order Attestation Form, which can be found on the UMass Memorial Medical Center website.

-----------------------------------------------------------------------------------------------------------------------------

Approved Visitors: Inpatient Adult Patients Only

Adult patients (acute care floors and ICU) can only have three approved visitors per day with one visitor allowed in the room at a time. If visitors need to be added or the approved visitor list needs to be changed, fill out the section below. If there are no changes to the approved visitor list, this doesn’t need to be filled out.

1. Approved visitor name: __________________ remove (if applicable) ______________
2. Approved visitor name: __________________ remove (if applicable) ______________
3. Approved visitor name: __________________ remove (if applicable) ______________

At the end of your visit please give your visitor pass to the unit secretary to have approved visitor names updated.