

EPIC REHABILITATION AND NURSING AT
WHITE PLAINS

SCREENING: VISITOR CONTACT

INFORMATION

As part of the screening process, we are required by DOH to obtain your contact information and to make it available for inspection and potential contact tracing.

Please print clearly

Last Name:	
First Name:	
Physical Street Address (No P.O. Box)	
Day time phone#	
Evening time phone#	
Cell Phone#	
Date of visit	
Time of Visit	
Email address	

*****The individual above cleared the screening (both temperature and questions)*****

SCREENER NAME/SIGNATURE: _____

DATE/TIME: _____