



## HOLIDAY LEAVE QUESTIONNAIRE

To ensure the safety of our Residents during any holiday leave, we request you to please complete the below questionnaire prior to leaving:

1. Where will you be traveling?

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2. What mode of transportation will be used?

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3. Length of leave?

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4. How many people will be at the gathering?

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5. Will you be maintaining social distancing and mask usage while not eating or drinking?

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By checking this box, I confirm I have been provided education on mitigating the risk of transmission and staying safe during my loved one's holiday leave.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name