

Utah Department of Corrections – In-Person Visitor Consent and Disclosure Form

Inmate/Visitor Information

Inmate Name (Last, First, Middle)	Inmate Number
Visitor Name (Last, First, Middle)	Visitor Phone Number
Visitor Email	

Failure to answer the following questions will result in your visit being denied.

1. Have you been out of the country in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been around anyone with COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you experienced any common COVID-19 symptoms in the last 14 days? <i>Examples include: cough, sore throat, shortness of breath, lost sense of taste/smell, etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will you allow your temperature to be taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you wear a mask for the duration of your visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you agree to have <u>NO</u> physical contact of any kind with the offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, you certify all the information above is correct, and you agree to follow the visiting rules and all officer directions:

Printed Name	Signature	Date:

Officer Section:

Officer Comments:	Visitor Temp:	
Officer Name:	Officer Signature:	Date: