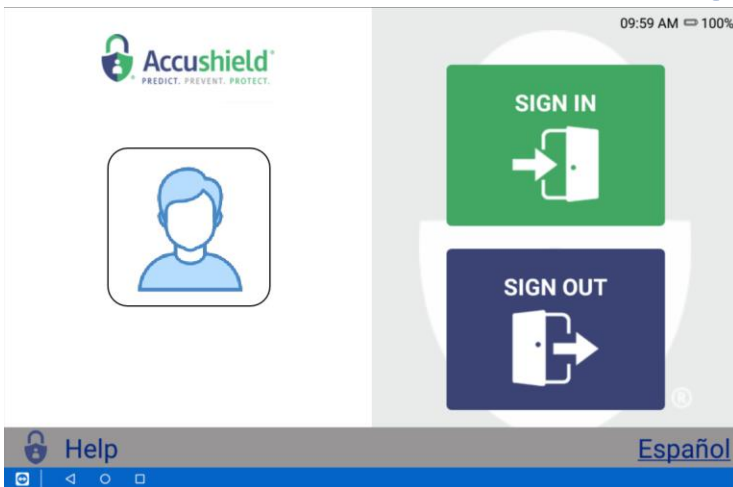
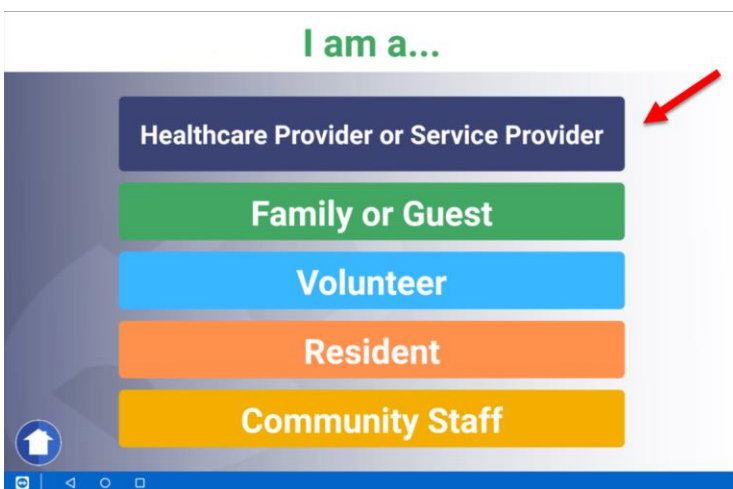


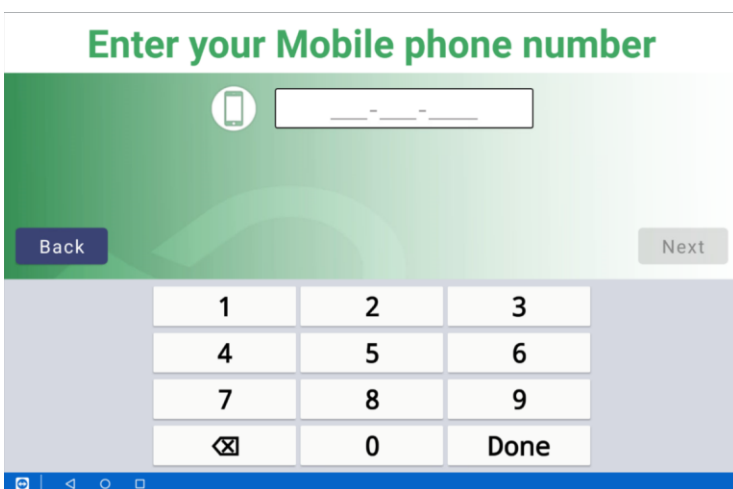
Instructions to For Personal Caregiver Check-In at AccuShield Kiosks



Step 1: Choose Sign in or Sign Out



Step 2: Choose Healthcare Provider or Service Provider



Step 3: Enter your 10-digit mobile number.

If this is your first time visiting this facility, you'll be requested to enter your first and last name.

Create a personal PIN to ensure others do not fraudulently use your account

315-555-1214

Enter PIN Re-enter PIN

Back Next

1	2	3
4	5	6
7	8	9
⌫	0	Done

Step 4 [one time]:
Create a 4-digit PIN that will be used to sign in the next time.

Please answer below question

Have you been tested for COVID-19 and awaiting results?

Start Over No Yes

Step 5: Please carefully read each health screening question and tap the button for your answer.

Please review and confirm the below

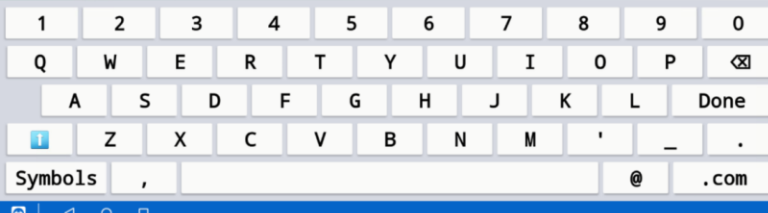
- Have you been tested for COVID-19 and awaiting results?
Answer : **No**
- In the last two weeks, have you traveled outside the area?
Answer : **No**
- Do you have any of the following symptoms?
- - - - -

Change Confirm

Step 6: Confirm your health screening answers.

Enter body temperature details

Temperature °f Taken By



Step 7: On first visit, enter the body temperature and record the name of the person who takes your temperature.

Note: Body temperature will automatically be taken at a future date.

Please review and acknowledge the policy below

You must agree to the following in order to continue


ACCESS AND WAIVER AGREEMENT This Access and Waiver Agreement ("Agreement") is electronically agreed to by the undersigned ("Provider"). Provider intends to provide services (the "Work") to residents at certain senior living communities (the "Facility") or to the Facility. In order to complete the Work, Provider requires access to the Facility. NOW THEREFORE, in consideration of Provider being allowed to enter and come upon the property and premises of the Facility, which Provider acknowledges is valuable and sufficient consideration to support the obligations and promises undertaken by Provider herein, Provider hereby agrees as follows: 1. Waiver. Provider hereby waives the right to assert a claim for injuries, damages, or losses against the Facility and its principals, officers, directors, partners, agents, assigns, attorneys, accountants, past and present employees, successors, predecessors, representatives, parents, subsidiaries, sister and affiliated entities arising out of all rights, claims and actions which Provider may have after the signing of this instrument against Facility, relating to any and all injuries, damages, or losses to Provider, real or personal, whether known, unknown, foreseen, unforeseen, patent or latent, sustained by Provider while on the property and premises of Facility (excluding any such claims that are directly attributable to Facility's negligence) 2. Responsibility for Personal Injuries. Provider shall be



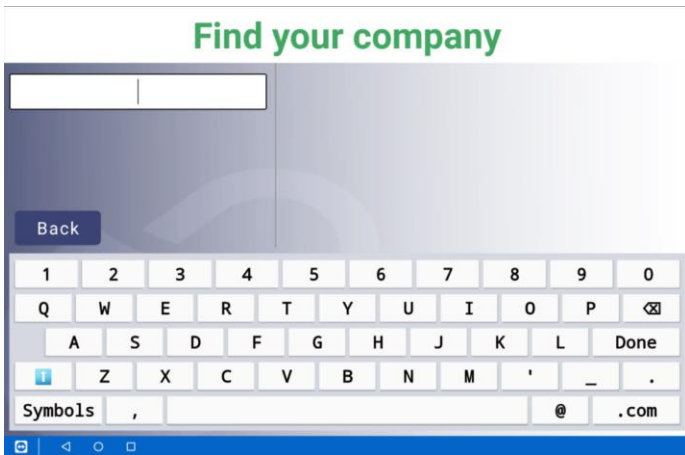
Step 8: Review and acknowledge the policy

What service type are you providing today?

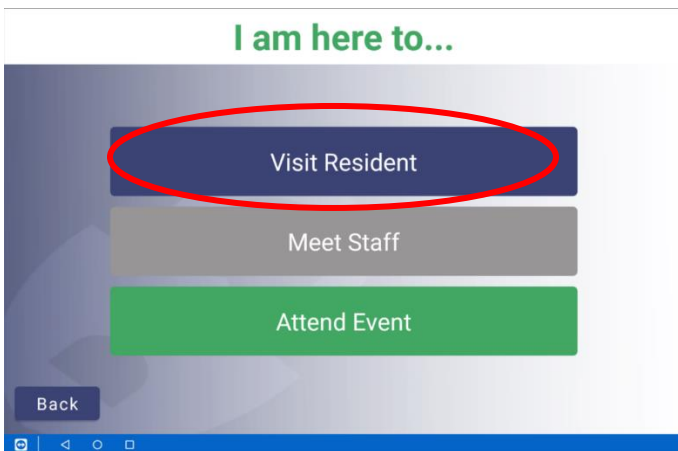
<input type="button" value="Caregiver (Self-Employed)"/>	<input type="button" value="Doctor (Physician)"/>
<input type="button" value="Certified Nurse Aide"/>	<input type="button" value="Durable Medical Equipment"/>
<input type="button" value="Clinical Lab Services"/>	<input type="button" value="Home Care (Non-Medical)"/>
<input type="button" value="Dentist"/>	<input type="button" value="Home Health (Medical)"/>
<input type="button" value="Hospice"/>	<input type="button" value="Occupational Therapist"/>



Step 9: Choose the appropriate service you are providing.



Step 10: On this screen, type in: "Compassionate Caregiver" and hit NEXT



Step 11: Choose "Visit Resident," then when prompted, enter the last name of the resident you are visiting then hit NEXT



That's it! Please wait for your badge to be printed as proof that you've completed your health screening.