



### Consent for limited Visitation During COVID Outbreak

Name of Resident: \_\_\_\_\_ Name of Visitor(s): \_\_\_\_\_

We wish to visit with each other during the current COVID outbreak and understand that visitation is allowed under following conditions:

- 1) Visits are allowed made by appointment only
- 2) Visits are limited to 15 minutes
- 3) Resident and visitors must wear a face mask
- 4) Visitors will be screened for fever and symptoms of COVID prior upon arrival to the facility. Any visitor who has symptoms of COVID will not be permitted to visit
- 5) Hand hygiene must be performed prior to the visit
- 6) Only 2 visitors are allowed to visit at a time
- 7) Visitors, residents, and staff must remain a safe distance of at least 6 feet from each other. NO PERSONAL CONTACT SUCH AS HUGS, KISSES OR HANDSHAKES ARE PERMITTED
- 8) Visits will be held outdoors in a designated area and may be cancelled due to inclement weather
- 9) The visit will be supervised by a staff member
- 10) Food and drinks are permitted during the visit but may be dropped in the designated drop off areas
- 11) Visitors are not allowed to enter the facility other than the area where they are screened for COVID**
- 12) Visitors are not permitted to use facility bathrooms**

Visitors are not allowed for residents who are suspected or confirmed to be infected with COVID or currently on isolation for possible exposure to COVID.

We understand that despite all the above measures that are taken to prevent the transmission, there still exists the potential for COVID exposure. Signs and symptoms of COVID include:

- Fever
- Cough
- Shortness of breath
- Sore throat
- Chills
- Repeated shaking with or without chills
- Body aches
- Fatigue
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea/Vomiting

For 14 days after the visit we will monitor for signs and symptoms of COVID. If symptoms occur, we will self-isolate at home, contact our healthcare provider, and notify the facility of the date of the visit and location of the visit as well as who we encountered at the facility.

In order to visit, we consent to follow the conditions listed above and agree to notify the facility if within 14 days of the visit either individual tests positive for COVID-19 or develops symptoms of COVID-19.

\_\_\_\_\_  
Signature of Visitor #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Visitor #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date