

Resident Name: _____ Date of Visit: _____

Visitor Agreement

1. Visitors understand that supervision by a facility representative will be provided at all times during the visit while maintaining privacy. Visit can be stopped at any time for violation of any visitation requirement detailed below.
2. Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
3. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident.
4. Visitors must be limited to no more than two individuals at a time per resident. Children visitors must be able to wear a face covering or mask during the entire visitation and remain with their guardian who will be responsible for assuring that all safety measures are followed.
5. The facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week visitation may occur.
6. Visitors must bring and wear a face covering or mask covering both the mouth and nose for the entire visit and for indoor visits, wear a facility-provided surgical mask covering both the mouth and nose. A face shield will be required for indoor visits and compassionate care visits will require a gown and gloves.
7. Visitors must use alcohol-based hand rub before and after visitation.
8. Visitors must stay in the designated outdoor/indoor facility locations.
9. Visitors must only visit the resident they are scheduled to visit.
10. No hand holding, hugging, kissing or other physical contact is allowed. Visitors must remain at least 6 feet from the resident and staff at all times during the visit. Limited touching may be allowed during compassionate care visits only.
11. Any visitor who develops a diagnosis of COVID-19 or signs and symptoms such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident must immediately notify the facility administrator of the date they were visiting and the resident they were in contact with.

I have read the above visitation requirements and agree to comply with all regardless of my past COVID-19 status and/or vaccination status. I understand that if I do not comply, I may not be permitted to visit in the future, except for compassionate care situations (e.g., end of life). Facilities have discretion to alter visitation practices based on disease transmission in the facility or community, visitor non-compliance, or other factors.

Print Name: _____

Sign Name: _____

Phone #: _____

Facility Representative Signature: _____