



# DIAKON SENIOR LIVING SERVICES

## *Family Visitation Acknowledgement Form*

**Please download this document. Then review it, sign it and bring it with you to your visit. You must sign and turn in the form for your visit to occur.**

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Older people and those with underlying health conditions such as heart or lung disease or diabetes appear to be a higher risk of developing serious complications; some die as a result.

Here are important guidelines for family members or other visitors. If you refuse to adhere to these guidelines, your visit may be shortened or canceled. Your safety and the safety of our residents remain our primary concern and the reason for these guidelines.

- Do not visit if you are sick or exhibiting symptoms of an illness.
- State guidelines require visitors to inform the senior living community if they develop fever or symptoms consistent with COVID-19 within 14 days of any visit.
- Follow the guidelines set forth including seating arrangements and screening process.
- Sanitize/wash your hands at the beginning and end of your visit as well as during the visit if they become soiled or contaminated.
- If a resident and family members are fully vaccinated, the resident can choose to have close contact (including touch) during a visit in a private area or outside. We ask family members to bring proof of vaccination with them to their visit. Please consult your community for specific instructions; they vary on a senior living community basis and may change if a new positive case occurs.
- Wear a mask during your visit; your mask must cover your nose and mouth. Please bring mask(s) to your visit.
- We encourage you to maintain six feet or greater physical-distancing.
- Cover any coughs and sneezes. Use tissues and discard in the trash, then wash hands immediately after use.
- Do not walk through any other part of the health care center; visitors must remain in designated visitation areas.
- Do not bring pets to the visit unless they are designated as a therapy pet and appropriate documentation is provided.
- Directly supervise any visitor younger than the age of 12; please confirm your community is allowing children at this time.
- Please allow staff members the time necessary to properly disinfect contact surfaces.

Date: \_\_\_\_\_

Visitor Acknowledgement Signature: \_\_\_\_\_

Visitor Printed Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_