COVID-19 is an infectious disease caused by the novel coronavirus SARS-CoV-2, which has caused a worldwide pandemic. People infected with the virus, often spread via droplet through the air by coughing or sneezing, through close personal contact or by touching an object or surface with the virus on it, can be asymptomatic or have mild to severe illness. 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. Please note that our staff will monitor visits.

• Do not visit if you are sick or exhibiting symptoms of an illness.
• 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.
• Wear a mask during the entire visit; your mask must cover your nose and mouth. Please bring mask(s) to your visit. Residents must also wear masks.
• Maintain six feet or greater physical-distancing.
• Do not hold hands, kiss, hug or allow any other physical contact with your loved one; at this time, the risk is too high.
• Cover any coughs and sneezes. Use tissues and discard in the trash, then wash hands immediately after use.
• Do not walk through any 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 allow staff members time to properly disinfect contact surfaces to avoid cross-contamination.
• If, after a visit with your loved one, you experience COVID-19-related symptoms or test positive, please let us know immediately so that we can appropriately monitor and care for your loved one.

Date: ____________________________

Visitor Acknowledgement Signature:  ___________________________________________________

Visitor Printed Name:  _________________________________________________________________

Resident Name:  ______________________________________________________________________