

VISITOR ATTESTATION FORM

Purpose: Our facility is committed to a safe and secure environment.

Policy: All visitors pledge to self-monitor and self-report to avoid exposures to communicable diseases such as COVID-19.

Rationale: COVID-19 virus is extremely dangerous for older adults. Many populations outside of older adults do not show symptoms, but they may be able to transmit the virus to others. Because of this, we are asking for the following commitment from you:

We ask the following of visitors and others who are entering and interacting within the facility to commit to the following precautions and practices:

1. Handwashing: While you are here but also while you are not here, we ask you to wash your hands frequently. For example, before you leave one area and enter another wash your hands with soap and friction. Use hand sanitizer when soap is not available.
2. Avoid individuals who have any of the following COVID-19 symptoms:
 - a. Feeling of fever
 - b. Cough
 - c. Shortness of breath
 - d. Difficulty breathing
 - e. Chills
 - f. Rigors
 - g. Headache
 - h. Sore throat
 - i. Muscle aches
 - j. Change in sense of smell or taste
3. Avoid individuals who have traveled internationally within the last 14 days to areas where COVID 19 cases have been confirmed.
4. Avoid individuals who have been in a setting where COVID 19 cases have been confirmed.
5. Avoid gatherings of people.
6. Not visit our facility if you or someone in your household is ill or has been diagnosed with COVID-19.
7. Not visit our facility if you been in contact with anyone who is ill or has been diagnosed with COVID-19.
8. Wear a mask when in our facility and when out in the community
9. Observe social distancing when visiting with our residents and when out in the community.
10. Report contact with any individual with suspected or confirmed infection with COVID-19 to the director of the facility.

As a part of our protection activities, we ask for these practices to be attested to by your signature. In addition, we will be asking you to submit to having your temperature taken when you come to visit. We appreciate your commitment in protecting our community.

Signature _____ Date _____