**We thank you for your visit today. Please review the requirements necessary to participate in visitations. If you have any questions, please refer them to the staff member supervising your visit.**

**Visitor criteria**

* Visitors must wear the provided disposable mask. Education for proper mask application will be provided.
* Visitors must use alcohol-based hand rub upon entering and exiting the visitation area. Education for proper hand hygiene will be provided.
* Facilities/agencies must actively screen visitors for signs and symptoms of Covid- 19. Visitors must attest to Covid-19 status, if known.
* Screening will be done at a designated location prior to entering the visitation area. Any concern for illness or exposure found during screening will result in restriction from visitation.
* Visitors must attest that they, and members of their household, are adhering to all infection control guidelines in the community as mandated by the Health Department.
* Visitors must sign in at the designated visitation entrance and provide contact information for tracing purposes if needed.
* Due to the risk of exposure, holding hands, hugging, or other physical contact is allowed if designated PPE is worn and proper hand hygiene is done.
* Visitors must stay in designated visitation location.
* Visitors must attest that they meet the requirements for visitation as posted including vaccination requirements.

**Visitation Denials:** We are required to restrict visitation if we believe circumstances pose a risk of transmitting Covid-19 in the facility/home because the resident/client or visitor does not comply with infection control guidance.

I have read and agree to comply with the above requirements for visitation during my visit today and subsequent visits. I attest that I, and members of my household, follow all infection control guidelines set by the CDC and Health Dept while in the community.

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**