



INDOOR Visitation- Visitor Requirements

1. Visitors must cooperate with ALL facility screening processes at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19. If a visitor has had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
2. 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.
3. 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.
4. Visitors must bring and wear a face covering or mask covering both the mouth and nose for the ENTIRE visit. If a visitor does not bring a facemask, one will be provided to them by the facility and they must put it on before entering the indoor visitation area.
5. Visitors must use alcohol-based hand rub (hand sanitizer) before entering the indoor visitation area.
6. Visitors must stay in the designated indoor facility locations.
7. Visitors must only visit the resident they intended to visit.
- 8. Visitors must remain at least 6 feet from residents at all times during the visit.**
9. 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 7 days of visiting a resident must immediately notify the facility of the date they were visiting and the resident they were in contact with.
- 10. Any visitor who fails to follow the facility's requirements shall not be permitted future visitation.**

NOTE:

- Facilities 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.
- Facilities have discretion to alter visitation practices based on disease transmission in the facility or community, visitor non-compliance, or other factors.

By signing below I agree that I have read all the listed visitation requirements, I agree to follow all listed requirements, and I understand that if I violate any of the listed requirements I will no longer be permitted to visit the facility while these requirements are in place.

Signature: _____

Date: _____

Printed Name: _____