



670 Hibernia Road, Fleming Island, FL 32002

Ph: 904-386-6636 Fax: 888-736-5589

**Visitor Acknowledgement and Consent**

I have received training on and acknowledge the policies of the community related to COVID-19 or communicable diseases and Infection Control and agree to abide by those policies. I understand the policies and procedures, and that I will only need to wear a mask during an outbreak in the facility or if you yourself is infectious, be subjected to screening, not engage in prohibited activities and notify the center if I should become positive of COVID-19 or communicable diseases symptoms within 10 days of my visit. These measures are consistent with CDC recommendations and are being implemented for the safety of residents, visitors, and staff.

I also acknowledge that I am an Essential Caregiver and will provide the services as outlined in the resident care plan as I have previously agreed to prior to the pandemic.

OR

That I am a Compassionate Care Visitor providing emotional support during end of life or traumatic events

OR

That I am a General Visitor

I will follow the instruction of community staff related to care and will follow the rules for visiting. I acknowledge that I am increased risk of illness due to visiting during the COVID-19 pandemic.

I understand that failure to follow these policies will result in termination of my visiting privileges and immediate removal from the premises.

I understand that by visiting the community I may put myself or my loved one at increased risk of illness from communicable diseases. Because there is no way to guarantee you will not contract COVID-19 or other infectious diseases, by signing below you agree to waive any and all legal claims against the community if you contract any communicable diseases while visiting the center.

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

**Visitor Name:** \_\_\_\_\_

**Visitor Signature:** \_\_\_\_\_

**Visitor Temperature:** \_\_\_\_\_

**Visitor Role:** \_\_\_\_\_ Essential Caregiver

\_\_\_\_\_ Compassionate Care Visitor

\_\_\_\_\_ General Visitor

**Community Representative Name:** \_\_\_\_\_

**Community Representative Signature:** \_\_\_\_\_