



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 and Infection Control and agree to abide by those policies. I understand the policies and procedures, and I will wear a mask at all times, be subject to screening, not engage in prohibited activities and notify the center if I should become positive of COVID-19 or experience COVID-19 symptoms within 14 days of my visit. These measures are consistent with CDC recommendations and are bring 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 agree to not visit if I have any symptoms of illness that be contagious

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