SOCIAL VISITATION LEAVE GUIDANCE ATTESTATION FORM

I, _____ (name), _____ (relationship) to resident _____, will be picking up my resident on _____ (date) at approximately _____am/pm and returning them on _____ (date) at approximately _____am/pm and attest to the following directives as outlined by the New York State Department of Health:

1. Will personally follow masking, social distancing, and hand hygiene practices pursuant to CDC and Department of Health directives and will assure that the resident follows these as well;

2. Will notify the facility if anyone with whom the resident socializes with while out of the facility tests positive for COVID-19 or influenza or exhibits signs/symptoms of COVID-19 and influenza within 14 days of the resident's return to the facility;

3. Will quarantine or minimize contact (or assist the resident to do so) to the extent safely possible prior to return to a nursing home;

4. Understands that if the resident has not been vaccinated for COVID-19 that resident may be on a 14-day isolation period upon return to the facility.

In addition, the above information has been reviewed with the resident and they are in agreement with the directives as outlined above.

Resident Signature Date

Staff Member/Social Worker Signature Date

Family Member Responsible Signature Date

Office use only:
*Has resident received both doses of the COVID-19 vaccine? Yes / No If yes, when?*_____

Signed and completed copy of form is to be returned to the VP of Long Term Care Services.