

# COVID-19 Visitor Attestation of Test

Visitor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

I am visiting (insert resident name) \_\_\_\_\_ at Devon Gables Rehabilitation Center.

I attest that I was tested for COVID-19 on \_\_\_\_\_, 2020, and the results of my test came back negative on \_\_\_\_\_, 2020; as validated by the copy I will present to the center upon check-in.

I am within the 48-hour look back period to be able to visit the above-named person indoors at this center. I attest that between the time I took the test and the time I arrived at this location, I have isolated myself to prevent the spread of COVID-19.

**Given the nature of COVID-19, I understand there is a risk of being exposed to COVID-19 while visiting the Facility by virtue of the type of patients, care, and services provided at the Facility. Regardless of the Facility's efforts, I understand that the Facility cannot prevent any and all COVID-19 exposure while I am at the Facility. I further understand that exposure to COVID-19 can be detrimental to my health with potential risks including but not limited to infection, hospitalization, and short-term and long-term health complications, including death. Acknowledging the risks, I still wish to proceed with the Facility visit.**

\_\_\_\_\_ Initials

I hereby agree to abide by State Guidelines and Devon Gables Rehabilitation Center's protocol when visiting indoors. That protocol is as follows:

- I will set up an appointment in advance of the visitation and adhere to visitation hours.
- I will bring my test results with me to the visitation.
- I will have my temperature taken at the beginning of the visitation.
- I will wear the center provided clean reusable gown and face mask that covers my mouth and nose at all times.
- I will not unmask while on the premises.
- The indoor visitation shall occur in the designated lounge area.
- I will use hand sanitizer upon entering the facility.
- I will socially distance from my relative/friend no less than 6 feet.
- I can visit my relative's bedroom for no more than 15 minutes while masked and socially distanced.
- To prevent the spread of COVID-19, I will not use the restroom facilities nor touch surfaces.
- If two families arrive for visitations at the same time, management will prioritize the visits.

I declare that to the best of my knowledge the above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date