

Beatitudes Campus Assisted Living and Piper Early Memory Support
Designated Essential Visitor Attestation Form
(Revised 10.1.20 – Guidelines Subject to Change)

Visitor Name: _____ Date: _____

Resident Visiting: _____ Time: _____

- I have read and agree to abide by the guidelines established by Beatitudes Health Care Center in accordance with guidance from the Centers for Disease Control, the Arizona Department of Health Services and the Maricopa County Department of Health.
- I attest that I have not attended large gatherings between my COVID-19 test was taken and the time of this visit.
- I attest that I currently have no symptoms of illness.
- I understand visitation is only from 8am-6pm.

The guidelines are as follows:

- I have obtained and provided a copy of my COVID-19 screening test, either PCR or antigen, with the same consistency as Beatitudes Direct Care Staff which at this time is weekly.
- I will have my temperature taken at the beginning of the visitation.
- I will wear an approved mask that covers my mouth and nose at all times while on the premises.
- I will keep my approved mask on **even while in the room**.
- I will use hand sanitizer before entering and after leaving the visitation.
- I will maintain social distancing at all times, no less than 6 feet **even while in the room**.
- I will avoid touching the resident or surfaces in the area/room.
- I understand that random checking will be performed in the room to ensure proper requirements are being upheld.
- I understand that I am only allowed to be in the room and designated visitation area(s).
- I understand that if I disregard any mitigation requirement (face masks, hand sanitizing, screening and social distancing) I may be removed from or denied access to the premises.

I understand that due to the limitations of testing as well as the possibility of asymptomatic transmission and limitations of mitigation methods that there remains a possibility that, subsequent to my visit, either a resident or myself may become infected with COVID-19 and by entering the **community, I agree to release Beatitudes Campus from liability for me or my family member's** subsequent illness.

I hereby affirm the all the conditions and statements in this Attestation are true and correct.

Visitor Signature

Date

Visitor Phone Number

