



**Coronavirus (COVID-19)
Resident Voluntary Leave of Absence
Agreement of Understanding**

_____ (initial): I have been informed of the risks associated with leaving the Community and being in contact with others who **have not** participated in a Signs & Symptoms Screening for the Coronavirus (COVID-19).

_____ (initial): I am voluntarily choosing to leave the community for non-medically essential reasons and is not approved as a special circumstance. I understand that leaving the Community **will restrict me from entering** back into the Community until further notice.

Agreement of Understanding:

By signing below, I hereby certify that I have read, understand, and agree to the above.

_____ Date: _____
Resident or Responsible Party Signature

_____ Date: _____
Resident or Responsible Party Printed Name

_____ Date: _____
Cedarhurst Signature

_____ Date: _____
Cedarhurst Printed Name