cedarhurst SENIOR LIVING

Date	Visitor Name	Resident(s) Visiting	Have you or your close contacts tested positive for COVID-19 in last 14 days. Yes*/No	Are you experiencing symptom(s) of COVID-19 as outlined below. Yes**/No	Temperature *(must be below 99.5 without fever-reducing medications).*	I have used hand sanitizer upon entering the community? Yes/No***	Time In	Estimated Length of Visit	**Signature:** By signing, I hereby certify that I have read, understand, and agree to Cedarhurst's posted Visitation Policy & Guidelines.	**Time Out** *Please use hand sanitizer before leaving the community.*

*If you or any of your close contacts have tested positive for COVID-19 in the last 14 days, you are PROHIBITED from visiting until a negative COVID-19 PCR test result can be obtained regardless of vaccination status.

**If you are experiencing any symptoms of COVID-19 (cough, shortness of breath or difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste or smell), you are PROHIBITED from visiting until a negative COVID-19 PCR test result can be obtained.

***Must complete proper hand hygiene upon entering and exiting the community, either hand sanitizer or handwashing with soap and water for 20 seconds.

Failure to adhere to Cedarhurst's Visitation Policy & Guidelines may result in my visit being ended.