



## Non-Vaccinated Resident Voluntary Leave of Absence Agreement of Understanding

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\_\_\_\_\_ (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 a non-medically essential reason. I understand that upon my return to the Community, I will be required to:

- 1) Remain on strict Isolation Precautions, including:
  - a. Staying inside your apartment at all times with in-room only activities and meals
  - b. Wearing a surgical mask when employees enter your apartment
  - c. Staff using full Personal Protective Equipment when providing you care or assistance inside your apartment, including isolation gowns, masks, gloves, face shields or goggles
- 2) Be tested for COVID-19 after a minimum of 5-7 days from my return, and
- 3) Remain on strict isolation precautions until I receive a negative COVID-19 test result.

### **Agreement of Understanding:**

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Resident or Responsible Party Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Resident or Responsible Party Printed Name

\_\_\_\_\_ Date: \_\_\_\_\_  
Cedarhurst Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Cedarhurst Printed Name