



**Coronavirus (COVID-19)
Vaccinated 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 a non-medically essential reason. I understand that if I develop signs or symptoms of COVID-19 or someone I was in close contact with tests positive for COVID-19 within 14 days of our visit, that I will need 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