



**Coronavirus (COVID-19)**  
**Resident Essential Medical or Pre-Approved Special Circumstance**  
**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 leaving the community for either a essential medical reason or a pre-approved special circumstance. I understand that upon my return to the Community, **I will be quarantined** for a minimum of 14 days and are free from signs & symptoms of the Coronavirus (COVID-19) for at least 72 hours.

**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