

Independent Living Garden Visits-Family Visit Guidelines for Signature

The safety of our residents and staff are of the most importance. To keep our residents safe, we can only continue to offer garden visits if the guidelines are strictly followed.

Please read, initial and follow the following Guidelines and Instructions:

1. No more than **3 people** at a time can come in for a garden visit. No children under 14. No pets.
Initials _____
2. Avoid eating or drinking as these are times when it is hard to wear a mask. If it is hot outside you may need a drink of water, please replace your mask in-between sips.
Initials _____
3. Visitors must remain outdoors and cannot enter the building at any time. Initials _____
4. Have you arranged a **location** for your visit? Do you have **your own chairs**?
Initials _____
5. We ask that your visit is **30 minutes or less**, please set your watch or timer, you will be responsible to comply with the 30 minute time slot.
Initials _____
6. Maintain a **6 foot social distance** at all times from each other and from Residents.
Initials _____
7. All visitors and residents must wear a face mask at all times over their mouth and nose. **Did you bring your face mask?** Initials _____
8. When your thirty minute visit has concluded, please return to your car and leave campus. You will be stopped by the monitor at the 4 corners stop sign, the monitor will document the time you are leaving Duncaster. Initials _____
9. Please do not visit if you have traveled outside of the United States within the past 14 days or if you have come in contact with a person with suspected or confirmed Covid-19 or have any symptoms of the Covid-19 virus.
Fever greater than 99.5 Chills Shortness of breath
Difficulty breathing Cough Sore throat
Fatigue Muscle aches Congestion or runny nose
New loss of taste New loss of smell Nausea/vomiting
Initials _____
10. During your visit, it will be very tempting to exchange a nurturing family hug or quick kiss however **PLEASE DO NOT TOUCH YOUR FAMILY MEMBERS.** Initials _____

Print Name _____
Signature _____

Date _____
Temperature _____