

Independent Living Garden Family/Friends Visits 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. Initials _____
8. When your thirty minute visit has concluded, please return to your car and leave campus. Initials _____
9. Travel Advisory and Quarantining:
 - a) Have you traveled outside of CT to one of the states currently on the CT travel advisory list or outside the US in the past 14 days? Yes No **If Yes, State or country:** _____ Initials _____
 - b) Have you been in direct contact with someone who has traveled from one of the states currently on the Connecticut travel advisory list or outside the US in the past 14 days? Yes No Initials _____
If Yes, State or country: _____ **For a complete list, ask the receptionist.**
10. Have you had direct contact with a person with confirmed COVID-19? Yes No Initials _____
11. Do you have friends or family members that you have been in direct contact with that has been sick or in the last 14 days who have been exposed to COVID-19? Yes No
12. Have you experiences any of the symptoms of the Covid-19 virus. Yes No Initials _____

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
13. 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 _____

Visitor's name (print) _____ Signature _____

Phone number _____ Date _____ Temp _____

Resident's name _____