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 experienced 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_____________________________