

Independent Living in Apartment Visiting Instructions with Signature

The safety of our residents and staff is of the utmost importance. We reserve the right to cancel visits.

To keep our residents and staff safe, we can only continue to authorize visits if these instructions are strictly followed.

Please read, initial and follow the following instructions:

We are requiring visitors to have a **COVID-19 negative test result** prior to coming.

Date of negative test _____ Initials _____

1. Visits are limited to no longer than **one hour**. Initials _____
2. A **maximum** of 2 visitors at a time. Initials _____
3. Visitors must be 14 years and older. No pets. Initials _____
4. **Face masks** to be worn at all times over your mouth and nose for the entire visit including in the resident's apartment. Initials _____
5. Visitors must use **hand sanitizer** upon arrival. Initials _____
6. After screening, the visitor is to take the most direct route to the apartment and remain there for the entire visit. Initials _____
7. Visitors are **not allowed in any of the common areas**. Initials _____
8. Maintain a social distance of **6 feet apart** from others in the hall and in the apartment. Initials _____
9. When leaving, visitors should stop at or call the Aquatics Entrance desk to **check out**. Initials _____

-Turn page over for Screening Questions-

Travel Advisory: 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 Initials _____

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 _____

Have you had direct contact with a person with confirmed COVID-19? Yes No Initials _____

Have you been in direct contact with anyone who has been sick or in the last 14 days or who has been exposed to COVID-19? Yes No Initials _____

Have you experienced any of the symptoms of the COVID-19 virus? Circle symptoms.

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

Yes No Initials _____

Resident's name _____

Visitor's name (print) _____ **Signature** _____

Phone number _____ **Date** _____ **Temp** _____