



COVID-19 Visitor Attestation

Visitor Name: _____

Address: _____

City/State/Zip: _____

Telephone/E-mail: _____

I am visiting: _____ at Santé of _____

I attest that I have not been recently exposed to Covid-19.

Given the nature of COVID-19, I understand that there is a risk of being exposed to COVID-19 while visiting the Facility by virtue of the type of patients, care and services provided at the facility. Regardless of the facility's efforts, I understand that exposures to COVID-19 can be detrimental to my health with potential risks including but not limited to infection, hospitalization, and short-term and long-term health complications, including death. Acknowledging the risks, I still wish to proceed with the Facility visit.

_____ initials

I hereby agree to abide by State Guidelines and Santé's protocols when visiting indoors. That Protocol is as follows:

- o I will adhere to visitation guidelines
- o I will have my temperature taken at the beginning of the visitation
- o I will wear a clean mask that covers my mouth and nose at all times
- o I will not unmask while on the premises
- o I will use hand sanitizer upon entering the facility
- o I will socially distance from my relative/friend no less than 6 feet

I declare that to the best of my knowledge the above is true and correct.

Signature

Date