



NURSING & REHABILITATION

Statement of Agreement

I, _____, designated visitor for
_____, have received a copy of the Spanish
Meadows Policy for Visitation by Designated Visitors During the COVID-19
Pandemic. I have read and understand it.

I agree to abide by the Spanish Meadows Policy for Visitation by Designated
Visitors During the COVID-19 Pandemic. For the safety of the residents of Spanish
Meadows, should I be exposed to a person who is positive for COVID-19, or
should I contract COVID-19, I will notify Spanish Meadows personnel immediately
and will not be allowed to visit until I receive a negative COVID-19 test.

Signature

Printed Name

Date