



NURSING & REHABILITATION

Statement of Agreement

I, _____, designated visitor for
_____, have received a copy of the Spanish
Meadows Policy for Visitation During the COVID-19 Pandemic, downloaded from
www.spanish-meadows.com. I have read and understand it.

*If I am visiting a resident in the "hot zone" or "warm zone," as defined in the Policy for
Visitation, I have acquired all of the required personal protection equipment (PPE)
including:*

- *Hair cover*
- *Face mask*
- *Face shield – which is reusable*
- *Isolation gown - disposable*
- *Shoe covers*

I agree to abide by the Spanish Meadows Policy for Visitation 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.

I understand if I do not comply with the policy, I may be denied the right to visit.

Signature

Printed Name

Date