

SPANISH  MEADOWS  
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](http://www.spanish-meadows.com). I have read and understand it.

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