



Visitation Informed Consent | Visitors

Before a resident of the Holland Christian Home (HCH) may receive visitors, the Home is required to obtain a signed informed statement of consent from the participating visitor(s) and resident (if the resident is unable to consent then the consent must be signed by the authorized representative).

Please review the following and sign where indicated:

I am aware that Holland Christian Home is in a COVID-19 outbreak

- I am aware of the inherent risk of exposure to COVID-19 during this visit, and I assume this risk by choosing to participate in this elective visit.
- I agree to strictly comply with Holland Christian Home policies during visitation.
- I agree to hold harmless, release, and indemnify the Holland Christian Home and its employees, agents, and representatives for any exposure to, or lawsuit, or other claim by anyone as a result of the COVID-19 virus causing injury, illness, or other damages arising from the visit.
- I will notify the Holland Christian Home if I test positive for COVID-19 or exhibit symptoms of COVID-19 within fourteen days of this visit.
- I have had an opportunity to be educated to the policies and protocols at the Holland Christian Home related to COVID -19. I understand the risk of contracting the virus and the steps that may be taken to prevent the spread of infection. This includes but is not limited to:
 - Frequent handwashing, including before and after the visit.
 - Visiting in private resident rooms and not in common areas.
 - Maintaining at least six feet of distance between myself and other residents, staff, and visitors who are not part of my group.
 - Wearing a mask when in common areas and around other residents, staff, and visitors who are not part of my group.
 - If both the resident I am visiting and I are fully vaccinated, only removing our masks or having close contact when we are alone in the resident's room.
 - **If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visit regardless of vaccination status**
 - Practice cough hygiene by coughing / sneezing into my arm (not my hands).

I understand that if I have any additional questions or concerns related to prevention of the spread of COVID-19 I should seek advice from the management staff and/or nursing staff at HCH.

Visitor

PRINT NAME _____ Signature _____