



SCV Healthcare Center
3775 Belleau Wood Drive

Baunta Apartments
3816 Camelot Drive

Forest View Apartments
3824 Camelot Drive

Friendship Towers Apartments
580 Greenfield Drive

Visitor Screening and Attestation Form

Our organization is committed to providing a safe and secure environment. We appreciate your commitment to protecting all who live, work, and visit here. There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission of COVID-19, but will not eliminate the risk to the residents, staff or visitors. **By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, the other residents, staff and other visitors, and agrees to follow the measure listed.**

I agree to:

1. Have my temperature measured upon arrival.
2. Wash My Hands frequently while I am here (and while I am not here). Example: before I leave one area and enter another, I will wash my hands with soap and friction (or with hand sanitizer if soap is not available).
3. While here (and when out in the community):
 - a. Wear a face covering, and
 - b. Observe physical distancing.
4. Avoid:
 - a. Individuals who have any of the following COVID-19 symptoms:

i. Feeling of Fever	vii. Headache
ii. Cough	viii. Sore Throat
iii. Shortness of Breath	ix. Congestion or Runny Nose
iv. Difficult Breathing	x. Muscle or Body Aches
v. Chills	xi. Change in Sense of Smell or Taste
vi. Rigors	
 - b. Individuals who have been in a setting where COVID-19 cases have been confirmed.
 - c. Gatherings of People.
5. Be accompanied by assigned staff to, from and during the visit, and to remain in the approved area(s).
6. Report, if after my visit I learn that I had, immediately prior to coming, contact with an individual with a suspected or confirmed COVID-19 infection to Donna Maynard at: 859-271-9000 ext. 102 or Ann Reed at: 859-271-9000 ext. 124
7. Report, if I develop symptoms or am diagnosed with COVID-19 within 2 days (to the same facility contact in #6) and to the local Health Department (859-252-2371).
8. Not visit here if I:
 - a. Or someone in my household is ill or has been diagnosed with COVID-19.
 - b. Have been in contact with anyone who is ill or has been diagnosed with COVID-19.

Signature _____ Date: _____

Re: 03/12/21

