Facility’s Name: ADD WHEN OUT IN COMMUNITY

Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Covid 19 Vaccine :Yes/ No Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name or Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the responsible party, I hereby certify that I:

1. Have been provided with education to follow all recommended infection prevention and control practices as related to the prevention and transmission on Covid-19 infection. These include wearing a mask when not eating or drinking, maintaining social distance of at least 6 feet, and hand hygiene.

□ Yes □No □N/A

1. Will the resident be out of the facility >24 hours?

□ Yes □No □N/A

1. Will ensure that the resident maintains social distancing, avoids large gatherings, wear facemasks to the extent tolerated, perform frequent hand hygiene, and avoid sharing of communal foods and drinks

□ Yes □No □N/A

1. Will notify the facility if the resident becomes ill ≥48 hours of leaving the facility (applicable to residents leaving for ≥48 hours)

□ Yes □No □N/A

1. Has the resident come into close contact (within 6ft for >10 minutes, with and no mask) with anyone suspected or confirmed with Covid-19 infection?

□ Yes □No □N/A

Comments/Follow Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Upon return, facility may conduct a diagnostic Covid-19 test and/or place resident on quarantine for 14 days based on identified risk factors.