**Residents Going Out on Pass**

Name or 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 >15 consecutive minutes, regardless of whether the contact was wearing a mask) with anyone suspected or confirmed with Covid-19 infection?

□ Yes □No □N/A

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