

GRAND TRAVERSE PAVILIONS

*Grand Traverse Medical Care
Residential Services*

VISITATION REQUIREMENTS

Name: _____

Date: _____

- I have been provided education on infection control practices and have had the opportunity to ask questions.
- I understand that it is required to have a screening.
- I will adhere to the PPE use as required by the facility.
- I will refrain from touching anyone including the resident I am visiting unless the resident desires close contact and meets the requirements where applicable.
- I will maintain a social distance of 6 feet at a minimum.
- I will remain in the designated area at all times.
- I will not bring food or drink to the visitation.
- Visitor understands to contact Grand Traverse Pavilions should they develop any signs or symptoms of COVID-19 within 14 days after their visit.
- Visitor understands that the use of PPE while at Grand Traverse Pavilions is required.
- Visitor understands that Grand Traverse Pavilions will contact them if potential exposure to COVID-19 is suspected based on contact tracing.
- There are no public restrooms.
- I will not be verbally or physically abusive to staff.
- I agree to the above rules and understand if I violate these rules I will forfeit future visitation and put the resident at risk for isolation.

Visitor Signature: _____

Date: _____

Staff Signature: _____

Date: _____