

**GRAND TRAVERSE PAVILIONS**  
*Grand Traverse Medical Care*

**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.
- 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_