



Welcome to the LLDH Home and please enjoy your outdoor visit today. The LLDH Home is coordinating with DC Health, CMS and CDC to prevent the spread of COVID – 19. Guidelines for prevention require your cooperation in completing this form prior to an outdoor visit with a resident. The LLDH Home reserves the right to cancel any visit that does not meet the recommended guidelines or that poses a risk to the residents or staff of the Home.

RESIDENT AND VISITOR INFORMATION		
Resident Name: _____		
Date of Visit: _____ Time of Visit: _____		
The following information is required and will be used for infection prevention purposes only.		
Visitor Name: _____ (print clearly)		
Visitor Phone Number: _____		
Visitor E-mail Address: _____		
VISITOR TEMPERATURE		
Visitors may not participate in an outdoor visit if the temperature reads 100.3 or above.		
Temperature: _____ (To be completed by LLDH staff.)		
REPORTING POSSIBLE SYMPTOMS		
YES	NO	Have you had any of these symptoms? <ul style="list-style-type: none"> • Cough • Shortness of breath or difficulty breathing • Fever • Chills • Muscle Pain • Headache • Sore Throat • New Loss Taste or Smell
YES	NO	Have you had direct contact with someone with or under investigation for COVID-19?

OUTDOOR VISITATION RULES

I understand and agree to the following during my visit:

- I must schedule my visit in advance and report any health concerns or COVID-19 exposure at the time of scheduling this visit. Only two visitors may visit at a time to allow for appropriate social distancing.
- I must wear a mask at all times (this includes children under my supervision). The resident I am visiting must remain masked at all times. If I remove the mask or the resident cannot keep the mask in place, the visit will promptly end.
- Because we must remain masked, the visit will not include the exchange or sharing of food or drink. I should not bring anything to exchange with the resident during this visit unless I have made pre-arrangements. Pre-arrangements can be made to leave non-perishable items for the resident with the staff member at the time I schedule my visit.
- To avoid prolonged exposure, my visit will last approximately 30 minutes.
- I must remain in the designated area for visitors during my visit. If I leave the designated area, the visit will promptly end.
- My visit will take place outdoors weather permitting.
- I may not enter the building during my visit. If I attempt to do so, I will be asked to leave.
- I will be asked to use hand sanitizer prior to entering the visitor area.

I understand that should I develop symptoms of COVID-19 or test positive for COVID -19 in the 14 days following an outdoor visit, I MUST CONTACT the LLDH Home and report this information to Lisa Harfoot, Director of Social Services, 202-966-6667 ext 3354, or lhharfoot@lldhhome.org.

Visitor Initials _____