



Visitor Declaration

Visitor Name (Block capitals)	
Visiting	
Date	
Time	
Contact Number	

Declaration

- I can confirm that I do not live in any of the counties that are listed under the current Government Guidelines
- I can confirm that I do not have any symptoms related to Covid-19, including - Fever, cough, respiratory symptoms, loss of smell, loss of taste.
- I confirm that I have not had close contact * with a confirmed Covid case in the past 14 days.

* Close Contact is defined as a member of the same household, or an individual whom you were less than 2 metres in distance for greater than 15 minutes

Visiting Requirements

I understand and agree to the following visiting requirements in line with Public Health requirements -

- The maximum allowable visit is 30 minutes.
- Visits must take place in the designated areas allotted.
- I will use the alcohol-based hand rub dispensers upon entry to the nursing home and at the end of my visit.
- I will practice good respiratory hygiene, that is, when coughing and sneezing, cover your mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- Social distancing, that is leaving at least 2 metres (6 feet) must be maintained at all times.
- Physical contact with other residents or staff members such as shaking hands etc must be avoided
- Use of toilet facilities are not permitted.
- No food or refreshments are permitted

I have read and understand these visiting requirements.

Signed: _____

Date: _____

<i>Temperature Check Undertaken</i>	
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This information will be treated in confidence and is intended for the use of its purpose only.

Information in this document will be stored in a safe and secure manner and will be destroyed in line with GDPR regulations