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### Essential Caregiver / Visitor – Form

**Resident:** \_\_\_\_\_

**Room/Apartment / Suite #:** \_\_\_\_\_

**Designated Caregiver:** (Print Name) \_\_\_\_\_

**Caregiver Phone Number:** \_\_\_\_\_

I attest that I have read/watched and understand the required education (posted on our website):

I attest that I am not currently isolating due to a positive COVID 19 Test Result:

I am fully vaccinated against COVID 19 with 3 or more doses:

**I consent to the collection of and use of this personal information for the purposes of my eligibility to become or remain an Essential Caregiver. Collection and Use are in accordance with the PHIPA 2004 and any subsequent use or disclosure complies with PHIPA:**

I CONSENT TO HAVING READ THE VACCINATION AND SCREEING POLICIES INCLUDING PANBIO RAPID ANTIGEN TESTING, AND UNDERSTAND I HAVE THE OPPORTUNITY TO ASK QUESTIONS AS NEEDED

**Please describe the type of essential service being provided as/by caregiver:**

\_\_\_\_\_

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\_\_\_\_\_

**Resident or SDM Signature:** \_\_\_\_\_

If you are accompanying a resident to a medical appointment/absence, the person accompanying needs to **be screened at reception and comply with rapid antigen testing (if required) prior to picking up resident.** Masks are required for the duration of the absence including during car rides, home visits, medical appointments etc.

Please follow all infection control protocols in and outside of the Fairview community; designated Caregivers, visitors and residents can only visit with EACHOTHER not other residents or family visitors. Your mask must be worn AT ALL TIMES during your visit.

OFFICE USE ONLY

Executive Director OR DESIGNATE APPROVED: \_\_\_\_\_

Added into “approved caregiver” document for screener Date: \_\_\_\_\_