



# Trillium

BOUQUETTE SENIOR LIVING

## Visitor Registration

Visitor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

I, \_\_\_\_\_, agree to the terms below:

- I agree to follow the homes policy regarding social and essential visits which may be amended from time to time.
- I agree to maintain healthy practices in the community consistent with public health guidelines in order to reduce exposure to Covid-19.
- I understand that Visits may be cancelled and that the home will provide as much notice as possible for cancelled visits.
- I will not visit if I am feeling unwell.
- I will not visit if I have travelled internationally within the last 14 days.
- I agree to being pre-screened by a Greeter upon entering the home and having my temperature taken.
- I agree to using hand sanitizer upon entering and throughout the home.
- If I am fully immunized, I agree to wear a surgical grade mask, as provided by the home, for the duration of my visit while I am in common areas of the home.
  - Proof of vaccination provided: \_\_\_\_\_  
Home representative
- If I am not fully immunized, I agree to wear a surgical grade mask, as provided by the home, for the duration of my visit at all times.
- I agree to practice respiratory, cough and sneeze etiquette while in the home.
- I understand and agree to maintain a physical distance of at least 6feet from all residents and staff in the home and that I am only permitted close contact with the resident I am visiting.
- I understand and agree that I am to go straight to and from the space where my visit is taking place.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Home Representative

\_\_\_\_\_  
Date