



## New Hampshire Veterans Home Form

### 1290-C Limited Visitation Declaration

Policy: 1290 Visitation

Associated OP:

Type of Form: Fillable

Effective Date:

This form allows for screening of visitors of infectious disease prior to visitation. The primary visitor must complete a copy of this form with information of each intended visitor and submit it to NHVH using the contact information listed at the bottom of this form. A copy of this form will be kept for future reference. Submit this form to Recreation Program Assistant at [visits@nhvh.nh.gov](mailto:visits@nhvh.nh.gov) or by mail at 139 Winter Street, Tilton NH 03276. Should you have any questions, please call (603) 527-4816. Formerly N-G 157

#### Form

*The following is intended to support staff and managers in the understanding of a policy and/or procedure or will assist to complete a task associated with the policy and/or procedure.*

I agree to complete the NHVH screening (below) for each visitor and answer follow up questions if needed. In addition, I will ensure all visitors understand and agree to receive a second screening on the day of the visit which includes having temperatures taken prior to our resident visit. \_\_\_\_\_(initials)

1. Have you or any visitors associated with you, had any of the following symptoms:

Y or N Fever (feeling feverish or a documented temperature of 100° degrees Fahrenheit or higher);

Y or N Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough or shortness of breath;

Y or N Whole body symptoms such as muscle aches, chills and severe fatigue;

Y or N New gastrointestinal symptoms such as nausea, vomiting or diarrhea;

Y or N Changes in sense of taste or smell or the severity of headaches.

2. Please respond to the following questions to identify potential COVID-19 exposure:

Y or N Have you, or any of the visitors associated with you, been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate PPE should answer 'No' to this question.).

Y or N Are you, or any of the visitors associated with you, isolating or quarantining because you may have been exposed to a person with COVID-19?

Y or N Have you or any of the visitors associated with you, traveled within the past 14 days? If a visitor has traveled internationally in the past 14 days they may only visit if:

- i. They are fully vaccinated; OR
- ii. They have completed a 14 day quarantine; AND
- iii. They screen negative for symptoms of COVID-19; AND

iv. They deny any exposure to known or suspected case within the previous 14 days.

Y or N Have you had COVID-19? If you or any of the visitors associated with you, have, please ensure at least 24 hours have passed since the fever has subsided without the use of fever-reducing medicines and improvement in symptoms (e.g., cough shortness of breath,); and at least 10 days have passed since symptoms first appeared. Note: for visitors who tested positive for COVID-19 but showed no symptoms, the question is formulated as follows: have you isolated at home for at least 10 days since the last positive test result? \_\_\_\_\_(initials)

Additional Declarations:

1. If you will be accompanied by a service animal, please perform the pre-visit screening on the animal and attest that the animal has not exhibited any signs and symptoms of COVID-19 or been exposed to COVID-19. NOTE: A service animal is defined as a dog that is individually trained to do work or perform tasks for a person with disabilities. \_\_\_\_\_(initials)
2. I, and all visitors associated with me, agree to comply and adhere to the requests made by the NHVH Screener/Monitor at the time of and during visit to protect and safeguard all parties involved with the scheduled visit. If I do not comply with requests, my visit and further visits may cease. \_\_\_\_\_ (initials)
3. I, and all visitors associated with me, will notify Screener/Facilitator if I become ill anytime during the visit. \_\_\_\_\_(initials)
4. I, and all visitors associated with me, agree to notify NHVH if I develop any signs and symptoms of COVID-19 as outlined above in my screening within 2 days after visiting (Notify: Angela Hawthorne, Infection Prevention Nursing Specialist at (603) 527-4864 or [Angela.C.Hawthorne@nhvh.nh.gov](mailto:Angela.C.Hawthorne@nhvh.nh.gov)). \_\_\_\_\_(initials)
5. I have received the educational information about COVID-19 from NHVH and will ensure all the visitors associated with me are educated and understand the risks of transmission. \_\_\_\_\_ (initials)

Signature & Attestation

**Resident Visiting:** \_\_\_\_\_  
Please Print

Primary Visitor Name: \_\_\_\_\_ Fully Vaccinated: Y or N Date of Vaccine: \_\_\_\_\_  
Please Print Service Animal's Name \_\_\_\_\_  
Please Print

Associated Visitor Name: \_\_\_\_\_ Fully Vaccinated: Y or N Date of Vaccine: \_\_\_\_\_  
Please Print Service Animal's Name \_\_\_\_\_  
Please Print

Associated Visitor Name: \_\_\_\_\_ Fully Vaccinated: Y or N Date of Vaccine: \_\_\_\_\_  
Please Print Service Animal's Name \_\_\_\_\_  
Please Print

Associated Visitor Name: \_\_\_\_\_ Fully Vaccinated: Y or N Date of Vaccine: \_\_\_\_\_  
Please Print Service Animal's Name \_\_\_\_\_  
Please Print

Primary Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Visitor Address: \_\_\_\_\_  
\_\_\_\_\_

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