

## Greater Manchester Health and Social Care Partnership Visitor Declaration

To prevent the spread of Covid-19 in our home and reduce the risk of exposure, it is mandatory that you complete this questionnaire so we can assess any risks prior to a visit being facilitated. We thank you for your support in our endeavour to maintain as much as possible, the safety and wellbeing of all our residents and staff.

<b>Name of Resident you are visiting:</b>		
<b>Name of visitor:</b>		
<b>Visitor contact telephone number:</b>		
<b>Date and time of visit</b>	<i>Date:</i>	<i>Time:</i>

<b>DECLARATION BY VISITOR (ALL QUESTIONS ARE MANDATORY)</b>		
Have you been in close proximity within the last 14 days with any person who has tested positive for COVID 19?	YES	NO
Have you been in close proximity to any person experiencing flu like symptoms within the last 14 days?	YES	NO
Have you tested Positive for COVID 19 within the last 14 days or have you experienced flu like symptoms within the last fourteen days?	YES	NO
Have you visited a foreign country within the last 14 days?	YES	NO
Are you experiencing any of the symptoms relating to COVID 19? a. new continuous cough and/or b. high temperature and/or c. loss of, or change to, sense of smell or taste	YES	NO
Are you experiencing any other symptoms which may or may not be related to COVID 19? For example, are you unwell in any way with diarrhoea, vomiting or other new symptoms in the last 48 hours.	YES	NO
<b>If you have answered YES to any of the above questions, visiting would not be appropriate as you are putting the person you are visiting and others at risk. If you have had a recent negative test for COVID-19, please bring the details with you.</b>		
Have been told to stay at home, self-isolate or shield for health reasons	YES	NO
<b>If YES, please discuss with the home manager prior to any visit</b>		

**PROTOCOLS TO BE MAINTAINED THROUGHOUT THE VISIT**

*We ask that you sign to declare that you agree to abide by the following protocols throughout the duration of the visit*

<p>I agree to maintain social distancing rules of 2m and not to have any physical contact with the person that I am visiting</p>	<p>I agree to not directly or indirectly give to the person I am visiting any items I have brought in with me. Items are to be left at the front door to be decontaminated before entering the Home.</p>
<p>I agree to only visit for a thirty-minute period and I will not vacate the area where the visit is to take place without permission being gained from a staff member</p>	<p>I understand that the visit is at the full discretion of the Home Manager and any violation of the protocols will result in the visit being terminated</p>
<p>I agree to wearing any face coverings or PPE required of me during the visit</p>	<p>I agree that this document will be kept for track and trace purposes for a minimum of 21days</p>
<p>I agree not to use any form of recording equipment or camera</p>	<p>I understand that no children or pets are to attend visits.</p>
<p>I have read and understood Abbeywood's COVID-19 Visitors Policy</p>	
<p>Signed: _____ Date: _____</p>	
<p>Print Name: _____</p>	