

COVID-19 Informed Consent Acknowledgement

Coronavirus disease 2019 (COVID-19) is a contagious, and at times fatal, respiratory disease caused by the respiratory illness related to the SARS-CoV-2 virus; which presents significant ramifications for nursing home Residents that may result in death.

As such and in accordance with Executive Directive No. 20-017 set forth by the New Jersey Department of Health, I understand, agree, and attest to the following:

- I am prohibited from visiting with any Guest who is a Resident of an at-risk population if I have had signs or symptoms of COVID-19. Symptoms of COVID-19 infection include subjective or objective fever equal to or greater than 100.4, chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.
- I am prohibited from visiting if in the last 14 days, if I have had close contact with someone with a confirmed diagnosis of COVID-19, or with someone under investigation for COVID-19, or anyone exhibiting the aforementioned symptoms or any one ill with respiratory illness
- It is my duty to report to the New Jersey Firemen's Home should I become symptomatic with any of the aforementioned symptoms 14 days after my scheduled visit with a Resident of the New Jersey Firemen's Home.
- I verify that I have not: traveled via airplane, been to countries outside of the U.S, been to areas of the country deemed as "hot spots", or have been exposed to a high-risk situation such as group settings.

- I will wear a face mask and practice 6-foot social distancing from all persons involved in scheduled visits. I understand that all personal items brought to the facility for my loved one will be placed outside the administrative office and I am prohibited from bringing food items.

I hereby acknowledge the possible dangers of exposure to COVID-19 for both myself and my loved one who is a Resident of the New Jersey Firemen’s Home. I agree to abide by the rules set forth in this acknowledgement form and will inform the facility if there are any changes in my health or if I have had possible exposure to any respiratory illness.

I further acknowledge that if I expose my loved one who is a Resident of the New Jersey Firemen’s to COVID-19, I will be exposing all Residents and staff to the dangers related to COVID-19.

Family Member/Visitor

Date

Family Member/Visitor

Date

Witness

Date