

**COVID-19 SAFETY ACKNOWLEDGEMENT - LIABILITY WAIVER**

**COVID-19 SAFETY INFORMATION:**

While visiting a patient receiving care at Chambers Memorial Hospital “social distancing” must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. This includes while visiting a patient in their room. COVID-19 is extremely contagious and is spread mainly from person-to-person contact. Chambers Memorial Hospital has put in place preventative measures to reduce the spread of COVID-19. However, Chambers Memorial Hospital cannot guarantee that its visitors will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not visit a patient receiving care at Chambers Memorial Hospital.

- Individuals who in the last 24 hours have experienced any symptoms associated with COVID-19, which include new onset/sudden onset of a sore throat, cough, shortness of breath, headache or fever.
- Individuals who in the last 14 days believe that they may have been exposed to a confirmed or suspected case of COVID- 19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

**ASSUMPTION OF THE RISK. I acknowledge and understand the following:**

- While visiting a patient receiving care at Chambers Memorial Hospital I could experience possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
- I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of Chambers Memorial Hospital.

**VISITOR PRINTED NAME:** \_\_\_\_\_

**VISITOR SIGNATURE:** \_\_\_\_\_

**ROOM NUMBER YOU ARE VISITING:** \_\_\_\_\_

**NAME OF THE PATIENT YOU ARE VISITING:** \_\_\_\_\_

**DATE:** \_\_\_\_\_