

**WHITTIER REHABILITATION HOSPITAL**  
**VISITOR ACKNOWLEDGEMENT**

1. I understand that, in response to the outbreak of COVID-19, the Massachusetts Department of Public Health (DPH) issued a guidance recommending the closing of hospitals to visitors. This hospital has been closed to visitors since March 11, 2020.
  2. I also understand that effective June 10, 2020, DPH is relaxing its COVID-19 policy against visitors in hospitals. This hospital is obligated to follow DPH's policy.
  3. I acknowledge that if I seek to visit my loved one, any such visit must be conducted in accord with these DPH-imposed requirements:
    - a. Any person visiting the hospital will be screened for fever or respiratory symptoms. The hospital will refuse entry to any visitor with a fever over 100°, who exhibits a cough, or who has shortness of breath, sore throat, muscle or body aches, fatigue, chills, congested or runny nose, nausea, vomiting, diarrhea, or new loss of taste or smell.
    - b. No visitor will be admitted into the hospital without a mask. A cloth mask is sufficient for visitors.
    - c. All visitors must wash their hands thoroughly or use alcohol based hand sanitizer prior to visiting a patient.
    - d. A patient who is suspected of COVID-19 (pending test results) or confirmed to have active COVID-19 cannot receive visitors.
    - e. No more than ONE (1) person may visit the patient each day.
    - f. No children under eighteen (18) will be allowed to visit, with the exception of children of a patient.
  4. The hospital reserves the right to determine the propriety of a visit on a case-by-case basis, consistent with the best interests of the patient.
  5. All visitors must check in at the Front Reception when arriving for a visit - according to visitation hours.
  6. I understand that if I fail to follow any of the requirements above, the hospital may terminate my visit and ask me to leave the premises.
  7. I understand that the hospital still has a variety of electronic methods available for use as the preferred means of contact between patients and their families.
  8. I understand that the hospital reserves the right to revise or rescind visitation policy at any time based on public health concerns, changes in the guidance of public health authorities, or in the best interests of the patient(s).
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Signature of Visitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Visitor

\_\_\_\_\_  
Name of Patient Visited