



# CAMARILLO HEALTHCARE CENTER

## VISITATION EDUCATION

Date: \_\_\_\_\_

Name of Visitor: \_\_\_\_\_

- Medically Essential Visitation
- Compassionate Care Situations i.e. End of Life Visitation
- Family and/or Friend Visitation

---

As you are aware, and in accordance with Guidance from the Centers for Medicare and Medicaid Services and California Department of Public Health, the Facility is permitting visitors. You were allowed in the Facility following our assessment and confirmation that you:

- Do not currently have a temperature of 100.4 degrees or higher
- Are not currently experiencing:
  - Chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or Body aches
  - Headache
  - New loss of sense or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
  - Any other form of respiratory compromise
- Have not traveled internationally within the last fourteen (14) days
- Have not traveled via cruise ship in the last fourteen (14) days
- Have not had contact with someone who has or is under investigation for having COVID-19

During your visit please be aware of the following requirements:



# CAMARILLO HEALTHCARE CENTER

- Hand hygiene (use of alcohol-based hand rub is preferred) must be performed frequently
- Face covering or mask (covering mouth and nose) must be utilized at all times
- Social distancing at least six feet between persons must occur at all times unless educated otherwise
- Appropriate use of Personal Protective Equipment (PPE) when instructed to utilize
- Failure to comply with these requirements may result in visitation privileges being suspended

Now that your visit has concluded, and for your own personal health and that of the community where you live, **please be advised as follows:**

1. Monitor for signs and symptoms of respiratory infection for fourteen (14) days from today, i.e., through \_\_\_\_\_.
2. If signs and symptoms occur:
  - a. Self-isolate at home
  - b. Contact your health care provider and advise him/her of the situation
  - c. Immediately call the Facility at 805-482-9805 ask for the front desk, and be prepared to share the following information:
    - i. The date you were here
    - ii. Who you were in contact with while you were here
    - iii. Where in the Facility you were during the time you visited

The above actions and notifications are **critical**, and necessary for us to collectively prevent and manage the spread of infection both inside and outside the Facility. Thank you in advance for your anticipated cooperation.

Please do not hesitate to contact us with any questions or concerns you might have.

\_\_\_\_\_  
Signature of Visitor

\_\_\_\_\_  
Date

*Your signature above confirms that you have (1) received and read the above instructions; (2) understood them; (3) had the opportunity to ask questions; and (4) had your questions, if any, answered.*