

Guest Infectious Disease Release

No Admission to Gift of Life Family House

I affirm that no members of my party (and no person that any members of my party regularly interact with such as members of their household, friends or coworkers) have been diagnosed with, or are suspected of having any of the following within the last 14 days:

- | | |
|---|---|
| 1. Chicken Pox and Shingles (aka Varicella) | 6. Norovirus |
| 2. Measles and Rubella (German Measles) | 7. Head Lice, Bed Bugs |
| 3. Whooping Cough (Pertussis) | 8. Influenza |
| 4. Mumps | 9. Other Serious Infectious Illness |
| 5. C. difficile, aka C diff, C diff colitis, pseudomembranous colitis | 10. Other Upper Respiratory Illness (Enterovirus and Coronavirus) |

Have you or anyone you regularly interact with (such as members of your household, friends or coworkers) traveled internationally in the last 14 days?

- YES NO

I understand that if at any time during my stay a member of my party (including visitors) is diagnosed with, or is suspected of having, any of the above-mentioned illnesses: (1) I will immediately notify the Family House Manager on Duty; (2) the affected individual will check-out of the Family House and seek appropriate treatment; and (3) the remaining members of my party, if any, will practice social distancing until those individuals have been cleared by a physician. If any member of my party is diagnosed with one of these illnesses within 14 days of leaving the Family House, I will notify the Family House immediately.

Isolation at Gift of Life Family House

A member or members of my party have been diagnosed with, or are suspected of having the following:

- | | |
|--|---|
| <input type="checkbox"/> Conjunctivitis (Pink Eye) | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Other Infectious Illness |
| <input type="checkbox"/> Fever | <input type="checkbox"/> None |

I understand that if at any time during my stay a member of my party (including visitors) is diagnosed with, or is suspected of having, any of the above-mentioned illnesses: (1) I will immediately notify the Family House Manager on Duty; and (2) the affected individual and all other members of my party will practice social distancing until a physician certifies, in writing, that the individual is no longer contagious.

Needle Usage

- I **WILL** be using needles during my stay at the Family House
- I **WILL NOT** be using needles during my stay at the Family House

I understand that it is my responsibility to dispose of needles in an appropriate container and ensure that they are removed from the premises. I understand that needles and related medical treatment materials **MAY NOT** be disposed of in any trash receptacle at the Family House. I understand that I am responsible if I, or a member of my party, improperly dispose of needles or related medical treatment materials at the Family House.

By signing this form I certify that I am over 18 years of age and acknowledge that I have completely read and fully understand the foregoing, that I have answered all questions truthfully and to the best of my knowledge, and that I agree to be bound by the terms therein:

Signature: _____

Date: _____