

Guest Infectious Disease Guidance

No Admission to Gift of Life Family House

I affirm that no members of my party have been diagnosed with, or are suspected of having any of the following:

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

I understand that if at any time during my stay a member of my party 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.

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:

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|--|---|
| <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 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: _____