

## Gift of Life Howie's House | Guest Infectious Disease Release

### No Admission to Gift of Life Howie's 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 7 days:

- |   |   |
|---|---|
| 1. Chicken Pox and Shingles (aka Varicella)                           | 7. Influenza                                      |
| 2. Measles and Rubella (German Measles)                               | 8. Norovirus                                      |
| 3. Whooping Cough (Pertussis)   | 9. Covid-19, aka SARS-CoV2, Covid                 |
| 4. Mumps  | 10. Other Upper Respiratory Illness (Enterovirus) |
| 5. C. difficile, aka C diff, C diff colitis, pseudomembranous colitis | 11. Other Serious Infectious Illness              |
| 6. Head Lice, Bed Bugs  |   |

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 Howie's House Manager on Duty; (2) the affected individual will check-out of Howie's 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 7 days of leaving Howie's House, I will notify Howie's House immediately.

### Isolation at Gift of Life Howie's 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 Howie's 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 Howie's House
- I **WILL NOT** be using needles during my stay at Howie's 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 Howie's 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 Howie's 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: \_\_\_\_\_