

REQUEST FOR SHORT STAY ABSENCE FORM

Resident Name: _____ Home Area _____

Person Requesting Absence: _____ Contact info: _____

Date and Time of Absence: _____ Location of the Absence: _____

1. Briefly describe the absence:

[Empty rectangular box for describing the absence]

2. Does the person requesting the absence with the resident (and anyone in the same household of that person) have any symptoms of COVID or recently being exposed to COVID? Yes No

use the visitor screening symptoms as a guide when you ask

3. How many other people will be in attendance at the absence? _____

4. Length of Time resident will be gone? _____

5. What is the mode of transportation of the absence? _____

6. Is social distancing able to be maintained and masking by others present during the visit? Yes No

7. Have the Resident/ Substitute Decision Maker given consent for the absence? Yes No

SUBMIT COMPLETED FORM TO THE NURSE OR DESIGNATE

Approved Yes No Approved with Additional Precautions Required: Yes No Denied: Yes No

Family notified of request: _____ Yes No

Signature of Nurse or Designate

Date

**** Absences that require additional precautions on return or that are denied must be given in writing to the family member with rationale for the decision****

Upon Return:

Passed screening upon entry: Yes No Reviewed absence occurred as details above: Yes No

If no to either question, then resident is to be immediately placed on self-isolation and IPAC precautions until DOC or designate is able to review the absence and determine if additional precautions are needed.