Euroa Health
Our community

Application for Visiting January 2022

Patients Name _____

Is currently impacted by limited visiting and requires in person visiting for emotional and psychological health reasons.

Nominated Visitor 1		
Name	**Address**	**Post Code**
Nominated Visitor 2		
Name	**Address**	**Post Code**

DECLARATION

As the nominated representative for Patient/Resident (Patient/Resident's name)

_____

I _____ and _____

agree to all the terms and conditions set out for visiting at Euroa Health these include

- *RAT test at the point of each entry*
- *Wearing the required PPE whilst visiting*
- *Not removing the required PPE whilst in the building*
- *Visiting only in the residents' rooms*

Name _____ Signed _____
Signed by Nominated Visitor No 1

Name _____Signed _____
Signed by Nominated Visitor No 2

Please return this form to Paula.Mcpherson@euroahealth.com.au

Form Approved by _____ Date / /2022