



Resident Leave of Absence Request

Effective April 26, 2021

Please return to Administrator no later than 72 hours prior to Leave of Absence being requested.

Name of Resident: _____ Date of Request: _____

Name of Person Making Request: _____

Phone Number of Person Making Request: _____

Location of Visit: _____

Reason for Visit: _____

Length of Visit: _____

Number of People Expected to Be in Attendance: _____

Infection Control Procedures Planned During Visit (mask, social distancing, hand hygiene, etc.)

Office Use Only

County Positivity Rate: _____

Positivity Rate of Visit Location: _____

Resident's Vaccinated? Y/N

Resident Able to Socially Distance Without Cues? Y/N

Permission from Responsible Party? Y/N

Determination: _____

If yes, quarantine required? Y/N

Signature of Administrator or DON Making Decision _____