



WELCOME TO MEMORIAL HOSPITAL OF SWEETWATER COUNTY

To protect our staff, patients and community during the outbreak of COVID-19, visitor restrictions will occur. **Routine visiting will be suspended at Memorial Hospital of Sweetwater County until the transmission of COVID-19 is no longer a threat to our patients, staff and community.**

Patients are allowed to have 1 visitor in most areas, **COVID-19 positive patients will not be allowed to have visitors.** Please see the information below.

All visitors are required to go through a screening process upon entering the facility as follows.

Temperature must be taken and must be below 100°. If temperature is 100 or above the visitor will not be able to enter the facility.

Temperature reading of visitor: _____

Please answer the following questions:

1. Do you have any symptoms concerning for COVID-19, a cold or flu? Yes:_____ No:_____
- Do you have or in the last week have you had a cough? Yes:_____ No:_____
- Do you have or in the last week have you had a fever or chills? Yes:_____ No:_____
- Do you have or in the last week have you had difficulty breathing? Yes:_____ No:_____
- Do you have or in the last week have you had a sore throat or runny nose? Yes:_____ No:_____
2. In the last 14 days, have you had contact with someone who has COVID-19? Yes:_____ No:_____
3. Are you or any member in your household currently under instruction to quarantine by Public Health? Yes:_____ No:_____
4. Are you or another member of your household currently waiting for COVID-19 test results, or have you or any member of your household tested positive for COVID-19 in the last 20 days? Yes:_____ No:_____

If you have answered 'yes' to any of these questions, you will not be able to enter the facility.

Date: _____ Arrival Time: _____ Departure Time: _____

Visitor Name: _____ Visitor phone #: _____

Department/area: _____ Patient name: _____



Visitor requirements:

- The visitor is required to wear an approved mask at all times while in the facility.
- Approved masks: a well-secured surgical or cloth mask that covers the nose, mouth, and tracheostomy site (if applicable).
- **NOT approved:** face covering that includes: exhalation vents, bandanas, neck gaiters, and mesh-based masks (i.e. tulle masks) are not permitted.
- Only visitors **above the age of 18** are allowed, unless the individual is the parent of a pediatric patient.
- **Visitor must remain in the patient's room. No loitering in the hallway, waiting rooms, or nurse's station.**

If a visitor does not abide by these guidelines, they will be instructed to leave the facility, and will be escorted out by MHSC Security if needed

Visitation allowances are subject to change due to increased COVID-19 cases and ability for the hospital to obtain PPE.

Visitor signature: _____