



**Texas State Veterans Home**  
**Essential Caregiver Agreement**

\_\_\_\_\_ I understand and agree to follow the policies, procedures, and requirements of the facility, including, but not limited to, those provided in facility training program and as required by 40TAC Chapter 19, Subchapter CC – COVID-19 Emergency Rule.

\_\_\_\_\_ I attended the facility training program on \_\_\_\_\_(date)

\_\_\_\_\_ I have been trained on proper PPE usage, signs and symptoms of COVID-19, hand hygiene, social distancing and respiratory etiquette, designated entrances and exits, the facility’s testing strategy, policies, procedures, requirements and process for visitation.

\_\_\_\_\_ I understand I am required to provide a Negative COVID-19 Antigen or PCR Test not more than 14 days before my first visit and subsequent test results according to \_\_\_\_\_(the facility’s) testing strategy.

\_\_\_\_\_ I understand that an antibody test is not an acceptable test.

\_\_\_\_\_ I understand the subsequent \_\_\_\_\_ (the facility) testing strategy and will comply with testing requirements.

\_\_\_\_\_ I understand that if I have a positive screen or a positive COVID-19 test, I will not be able to visit.

\_\_\_\_\_ I agree to not participate in visits if I have signs and symptoms of COVID-19, have an active COVID-19 infection, or other communicable disease. I will self-monitor.

\_\_\_\_\_ I understand that if the person I want to visit is positive for COVID-19, I will not be able to visit except under end-of-life circumstances.

\_\_\_\_\_ I agree to leave the facility from scheduled visits at the appointed time, unless approved by the facility.

\_\_\_\_\_ I understand that the facility may cancel the essential caregiver visit if the essential caregiver fails to comply with the facility’s policies, procedures, and requirements.

\_\_\_\_\_ I have received a copy of the facility Essential Caregiver Policy and Procedure.

\_\_\_\_\_ I have been appointed as a designated Essential Caregiver for \_\_\_\_\_.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_