

**Medical Appointment Pledge**

Westminster Towers recognizes that residents need to attend medical, dental and vision appointments to manage both chronic and acute health conditions.

The inherent risk of exposure to COVID-19 and other communicable diseases may be higher off campus and in other public places where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and other persons with underlying medical conditions are especially vulnerable. Any resident who leaves the campus voluntarily assumes any increased risks related to exposure to COVID-19 and other communicable diseases.

**Resident Pledge:**

I pledge to the do the following to the best of my ability:

**Transportation**

□ I will drive myself to my medical appointment.

□ The person with whom I share an apartment will drive me to my medical appointment.

□ I will use Westminster Towers or HomeBridge transportation to get to my medical appointment.

**Personal Safety**

□ I will refrain from handshakes, hugs or other physical contact.

□ I will wear a face mask correctly.

□ I will wash my hands or use hand sanitizer after coming in contact with hard surfaces or other high-touch areas.

□ I will try to keep a distance of 6 feet from others.

□ I will only go to my medical appointment and return straight back to the Towers.

□ I will inform Westminster Towers if I know I have been exposed to someone who has COVID-19.

I agree that the Towers will not be liable for and agree to hold the Towers harmless from any circumstances that are beyond control of the Towers. In addition, I agree that the Towers will not be liable for, and agree to hold Towers harmless from, any risk of contracting any communicable disease.

By signing below, I indicate that I have read, or had read to me, and completely understand this Pledge in its entirety.

**Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#:\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Practitioner Pledge**

To be completed by the Medical Practitioner at time of appointment:

□ We are committed to providing an environment of health and safety for our patients.

□ Our staff wear appropriate PPE for the services/procedures being completed.

□ We use EPA-approved chemicals for cleaning & sanitizing and sanitize between patients.

□ We will inform our patients if they have been exposed to COVID-19 while in our medical office.

**Medical Practitioner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Practitioner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**