

Short Stay or Temporary Absence Request Form

Completed forms can be emailed to info@ncmanor.com or faxed to 705 337 1091

Name of Resident:	Name of POA:
	Contact # of POA:
Name of Person to Accompany Resident Out of Manor:	
Type of Leave Request: <ul style="list-style-type: none"> <input type="radio"/> Short Term Leave for the day of _____ <input type="radio"/> Temporary Leave from _____ to _____ <p>Describe the events planned during the leave.</p> <p>_____</p>	
Please answer the following questions regarding the proposed leave: <ol style="list-style-type: none"> 1. Will the resident be able to wear a mask for the duration of the leave? Yes No 2. Will the person accompanying the resident on the leave be able to wear a mask for the duration of the leave? Yes No 3. Will social distancing be maintained throughout the leave other than when in a vehicle? Yes No 4. The resident will avoid social contacts other than with the person (or the members of the same household of the person) taking the resident on leave? Yes No 5. Is frequent handwashing available while out on leave? Yes No <p>Signature of person completing questionnaire: _____</p>	
Please note that the Manor encourages: <ul style="list-style-type: none"> <input type="radio"/> That all residents on leave and persons who accompany residents follow all local and provincial bylaws and recommendations from the Public Health Unit to limit social contact and take all measures possible to prevent the spread of COVID-19; <input type="radio"/> That masks are worn by the resident (if tolerated) and the person accompanying the resident <u>at all times</u>; <input type="radio"/> That hand hygiene is completed frequently; <input type="radio"/> That the resident not be brought into the company of extended families, friends, or any social gatherings, such as shopping, parties, restaurants, hair salons, etc.; <input type="radio"/> That social distancing be maintained at all times; and, <input type="radio"/> That the resident have no contact with anyone who has had signs or symptoms of COVID-19 or other respiratory or gastric illness in the previous 14 days. 	

Manor Staff To Complete	
Date Leave Request Received: _____	
Leave Approved	Leave Request Denied
<input type="radio"/> Date Approved _____	<input type="radio"/> Date Denied: _____
<input type="radio"/> Date Communicated to POA _____	<input type="radio"/> Written reasons for denial shared with POA date: _____
Staff Signature:	Admin/DOC Signature (attach copy of denial letter)