

Self-Isolating Visitor Designation Form

Date: _____

Subject: Authorized designated compassionate visitor for patients/residents in Health PEI facilities or programs

To: PEI Office of Public Safety:
COVID-19 Testing Clinics:

The individual noted below has been identified as a designated compassionate visitor to one of our patients/residents and will be granted visitation privileges with their loved one.

Visitors who are self-isolating must be swabbed and receive a negative COVID-19 test result prior to the first visitation. Visitors are able to have repeat visits with the patient/resident but are required to demonstrate they have been re-swabbed for COVID-19 according to the following schedule. Repeat COVID-19 test results are not required before visiting. Visitors are asked to present this letter at the COVID-19 testing sites as proof of approval for COVID-19 testing. Repeat swabs will be arranged by the visitor according to the following schedule:

Domestic Arrivals (within Canada)	International Arrivals
Initial test and negative result – day 0-1 of arrival to PEI.	Initial test and negative result – day 0-1 of arrival to PEI.
*Second swab completed during day 8 of arrival to PEI.	*Second swab completed during day 8 of arrival to PEI.
*8-day isolation period is not required provided individual has a PEI Pass	

The visitor will be notified of their initial COVID-19 test result by staff from the unit or location caring for their loved one. Receiving the result for the first test may take up to 4 hours. Visitors will only be notified of further test results if they are positive for COVID-19.

Visitors from outside of PEI are exempt from self-isolation only to visit with the patient/resident during the specified time frame. The visitor must wear full PPE (gown, gloves, and a mask) for the duration of the visit to the health care facility or program area. When not visiting the patient/resident they must return directly to self-isolation.

Name of Designated Compassionate Visitor: _____

Contact Phone number of Designated Compassionate Visitor: _____

Email Address for Designated Compassionate Visitor: _____

Emergency Contact for Designated Compassionate Visitor: _____

Facility/Program Visiting: _____

Unit or Location: _____

Contact number: _____

Thank you,

Facility Administration Signature: _____

***Please email the completed form to PEI Office of Public Safety at publicsafety@gov.pe.ca and provide a copy to the designated compassionate visitor.**