

## **CAREGIVER EXEMPTION**

I understand that American Cancer Society Hope Lodge's Guest Acceptance Policy requires that each patient be accompanied by a caregiver to assist the patient as needed to evacuate safely from the building in case of an emergency, secure medical assistance for the patient, and manage daily living tasks. I further understand that Hope Lodge policy dictates that, for liability purposes, no staff member may provide any physical or medical assistance to its guests.

	(Printed Patient Name)	s neatth care professional, I have assessed	
•	and ascertained the following:		
O	Patient is able to self-evacuate th	e building in case of an emergency	
	Patient does not have a history o	f slipping or falling	
0	Patient is able to monitor and tal	ce medications as prescribed	
0	Patient is able to safely transfer to/from the bed, vehicle, shower, or toilet		
0	Patient is able to secure transportation to and from appointments		
0	Patient feels comfortable staying alone		
0	O Patient is able to prepare their own meals		
0	Patient is able to maintain the cleanliness of the room during their stay		
0	Patient is able to care for their own personal hygiene needs, such as bathing		
O Patient is able to contact help if needed			
physical and	d mental abilities so as to be able to	e patient is of sufficient health and possesses sound provide care and meet the needs of his/her own heir stay with a start date of	
	d that while I have provided this jud efuse admittance or to discharge any	gment, Hope Lodge maintains the right to require a guest at any time.	
Date:	Signed:(He	alth Care Professional's Signature)	
(Title)	(Ph	one)	