**COVID 19 Visitor Request for Exemption**

|  |  |
| --- | --- |
| **Information required** | **Response** |
| **Name of Patient:** |  |
| **Patient UR (if known):** |  |
| **Ward (if known):** |  |
| **Visitor Full Name & Relationship to patient:** |  |
| **Proposed date and time of visit/s:**  Maximum of 2 hours per day |  |
| **Exemption Request category:** | *As per Qld Health Hospital Entry Direction (No. 7) an exemption request can be made on the following grounds:*  (Select the most relevant box)  **End of Life**  **Emergency Care**  **Childbirth** |
| **Provide brief reason for exemption request:** |  |

*Please note, if an exemption is granted, whilst in the hospital, it is expected you will have limited movement travelling directly to the patient room you are visiting. You will be unable to use any common area facilities and a surgical mask provided by the hospital must be worn at all times whilst on site.*

**Once completed, please email to** [**covid19response@mater.org.au**](mailto:covid19response@mater.org.au)

**for consideration. A response will be provided within 24 hours of receipt.**