

COVID-19 Visitor Request for Exemption

Information required	Response
Name of Patient:	
Patient UR (if known):	
Ward (if known):	
Visitor's full name & relationship to patient:	
Proposed date and time of visit/s: (Maximum of 2 hours per day)	
Exemption Request category:	<p>Select the most relevant box:</p> <p> <input type="checkbox"/> End of Life <input type="checkbox"/> Emergency Care <input type="checkbox"/> Childbirth <input type="checkbox"/> Parent or support person for dependant patient* </p> <p>* (Adult, paediatric or neonate, only one parent or support person permitted)</p>
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 this form to your relevant hospital's Director of Clinical Services for consideration. Call Mater on 07 3163 8111 if you require assistance.
A response will be provided within 24 hours of receipt.