



COVID-19 Policy for Visitors to the Sisters of St. Joseph Properties

In accordance with the Sisters of St. Joseph’s duty to safeguard the health of our Sisters; employees and their families; our visitors; and the community at large from infectious diseases such as COVID-19, it is the policy of the Sisters of St. Joseph that all visitors to our properties (including family members, vendors, and guests) must wear a mask at all times. Visitors are encouraged to be vaccinated and submit to temperature checks upon arrival. Reasonable accommodations will be granted where they do not cause the Sisters of St. Joseph undue hardship or pose a direct threat to the health and safety of others.

Archives & Records Management Office of the Diocese of St. Augustine COVID-19 Commitment Statement

The Archives & Records Management Office of the Diocese of St. Augustine is committed to preventing the spread of COVID-19. We commit to follow the Sisters of St. Joseph’s COVID-19 Visitors Policy (see above). We further commit to sanitizing common use/research areas between researchers and staff usage. In the event that we demonstrate any symptoms of COVID-19, we will not be present in the Diocesan Archives located at the Sisters of St. Joseph Convent until we have tested negative for COVID-19. All research appointments during this time will be rescheduled until it safe to resume them.

For protection of our staff, we respectfully ask that visitors not schedule a research appointment until two weeks after testing positive for COVID-19. We also respectfully ask that a visitor notify the Director of Archives & Records Management if he/she tests positive for COVID-19 within two weeks of their research visit.

I, _____ have read and understand the Sisters of St. Joseph’s COVID-19 Policy and agree to adhere to it. I further understand that if I do not follow the policy or demonstrate any symptoms of COVID-19, I will be escorted from the property.

I also have read and understand the COVID-19 Commitment Statement of the Archives & Records Management Office of the Diocese of St. Augustine and understand that I enter this public space at my own risk.

SIGNATURE: _____ **DATE:** _____

NAME (print): _____

First Name: _____ Last Name: _____
Address: _____
City: _____ State/Zip: _____
Phone: _____ E-mail: _____