



BOZEMAN HEALTH

Bozeman Health Staff:

Please be advised that _____
has been designated an approved essential visitor as follows:

Imminent end-of-life care

Obstetric care

Pediatric care

Special needs care

Other: _____

They are allowed to enter the Bozeman Health facility wearing a mask or face covering as long as they pass the currently established protocol for visitor screening. Visitor passport necessity will be re-evaluated if the patient transfers to a new department.

Authorizing Physician: _____

Signature: _____

Authorized Start Date: _____ Authorized End Date: _____



BOZEMAN HEALTH

For everyone's health and safety
We're all in this together.

