

**LETTER OF UNDERTAKING  
APPLICATION FOR HOME LEAVE OR OUTING**

Date: \_\_\_\_\_

General Manager  
St John's Home for Elderly Persons  
1 Willow Avenue  
Singapore 347508

Dear Sir/Mdm,

I request for my Next-of-Kin (NOK)/Ward, \_\_\_\_\_ (Fill in Name and Last 4 characters of NRIC) to be on home leave / to go out from \_\_\_\_\_ (Date and Time) to \_\_\_\_\_ (Date and Time) for \_\_\_\_\_ (Purpose of Home Leave/Outing).

I understand and agree, at all times, to take reasonable care to comply with all regulations and measures set by the authorities and to ensure the well-being and safety of my NOK/Ward. I agree to:

- a) Adhere to prevailing safe management measures in the community (e.g. social gatherings of up to 10 persons per gathering). At no time should my NOK/Ward come into contact with individuals who are known to me and are tested positive for COVID-19 or under Health Risk Notice (HRN) as well as individuals who are unwell with fever and/or symptoms of acute respiratory infection (ARI) and/or diagnosed with an infectious disease;
- b) Ensure that my NOK/Ward wears a surgical mask when out of my home at indoor settings, and outdoor settings where possible (especially at crowded places);
- c) Practise good hand washing and personal hygiene for my NOK/Ward and the accompanying caregiver;
- d) Monitor my NOK/ward for ARI symptoms and alert the Home immediately and bring my NOK/Ward to visit the doctor should he/she turn unwell;
- e) Download and activate the TraceTogether app for my NOK/ward on home leave; and
- f) Any other condition that the Home or relevant authorities may require my NOK/Ward to adhere to, in order to ensure the safety and well-being of the resident.

Should I know of any person who came into contact with my NOK/Ward who has developed fever and/or ARI symptoms, test positive for COVID-19 or on HRN, or diagnosed with an infectious disease during the period of my NOK's/Ward's home leave and in the two (2) days from the date my NOK/Ward's return to the premises, I shall inform the Home of this on an immediate basis.

At the end of the resident's home leave, I will submit the following to the Home:

- a. Temperature records of the resident whilst on home leave;
- b. Movement history of the resident whilst on home leave  
(Applicable for Home Leave only)

I agree to indemnify the organisation and staff from all liability, claims and actions which may be incurred arising from the home leave.

Name of Accompanying Caregiver:			
Relationship:			
Last 4 characters of NRIC:		Date:	
Mobile Contact Number:		Time:	
Signature:			
Name and Designation of Staff who has briefed Caregiver on the above:			

Please return completed form to [stjnhome@stjohneldershome.org.sg](mailto:stjnhome@stjohneldershome.org.sg).