Westmount Foot and Orthotic Clinic

Khatun Khimji D.Ch

COVID-19 Pandemic Consent Form

Please read the patient acknowledgment below and initial or sign in all areas indicated.

I understand the Federal and Provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (six (6) feet) and I recognize it is **not possible to maintain this distance while receiving treatment**._____(initial)

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- Fever > 38*C _____(initial)
- New or Worsening Cough _____(initial)
- Sore Throat _____(initial)
- Shortness of Breath _____(initial)
- Flu-like symptoms _____(initial)
- Headache _____(initial)
- Loss of sense of taste or smell _____(initial)

If I received COVID-19 test results in the past three (3) months, the last results I received were negative._____(initial) If applicable, approximate date of test:_____

I confirm that I am not waiting for the results of a test for COVID-19._____(initial)

I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days._____(initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have feet treatment during COVID-19 pandemic.

_____
SIGNATURE OF PATIENT

Printed Name_____Date_____