

# Perfect Balance

Wellness Centre

## COVID-19 Pandemic Treatment Consent Form

- I understand the novel coronavirus causes the disease known as COVID-19.
- I understand that COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- I understand that despite best efforts on the part of Lynda Keast at Perfect Balance wellness Centre, due to the frequency of visits of other patients, the characteristics of the COVID-19, procedures/therapies offered, and that I or my child may have an elevated risk of contracting COVID-19 simply by being at the clinic.
- I have been advised that my therapist will be using the COVID-19 Symptom Self-Assessment and will be taking their temperatures daily.
- I have been advised that all staff at Perfect Balance Wellness are following the guidelines as outlined by the Government of Canada and Public Health Ontario. These include guidelines for:
- Cleaning and sanitization with Health Canada approval.
  - The use of Personal Protective Equipment (PPE)
  - Procedures to maintain social distancing and staggering of appointment times
  - Minimizing items that were deemed nonessential.
  - Option for Contactless payments by means of (tap or e-transfer)
- I confirm I have taken (or for my child) the pre-screen test and tested negative \_\_\_\_\_ (Initial)  
\*If you have not, we ask that you not attend at the clinic.
- I confirm I will (as well as my child, if relevant) sanitize/wash hands prior to entering the clinic room. \_\_\_\_\_ (Initial)
- I confirm, I am NOT currently positive for the novel coronavirus.
- I confirm, I am NOT waiting for the results of a laboratory test for the novel coronavirus.
- I verify that I have NOT returned to Ontario from any country outside of Canada whether by car, air, bus or train in the past 14 days.
- I understand that any travel from any country outside of Canada, including travel by car, air, bus or train significantly increases my risk of contracting and transmitting the novel coronavirus. The Government of Canada and Public Health Ontario require self-isolation for 14 days from the date a person has returned to Canada.
- I understand that The Government of Canada and Public Health Ontario has asked patients to maintain a distance of at least 2 metres, except when receiving services or for brief exchanges.
- I verify that I have NOT been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Public Health Ontario.
- I verify the information I have provided on this form is truthful and accurate.
- I knowingly and willingly consent to receive treatment during the COVID-19 pandemic.

DATE: \_\_\_\_\_

PATIENT NAME (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_