



COVID-19 Pandemic Urgent Physiotherapy /Massage Therapy Treatment Consent Form

Please check all the below boxes that apply to you.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand the novel coronavirus causes the disease known as COVID- 19. I understand the novel coronavirus has a long incubation period, during which carriers of the virus may not show symptoms and still be contagious. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that due to the frequency of visits of other physiotherapy clients, the characteristics of the novel coronavirus, and the characteristics of physiotherapy procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a physiotherapy clinic. I am willing to take this risk. |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that I am not presenting with any of the following symptoms of COVID-19 identified by Alberta Health Services: Cough, Fever, Shortness of breath, Difficulty breathing, Sore throat, Runny nose |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that I am not currently positive for COVID-19. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable I confirm that I have tested positive for COVID-19 and <u>all</u> my COVID-19 symptoms have <u>fully</u> resolved AND it has be at least 10 days since my COVID-19 symptoms started |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that I am not waiting for the results of a lab test for COVID-19 that was administered for the reasons of: me having the aforementioned signs and symptoms of COVID-19, being out of the country within the last 14 days, or being in contact with someone who currently has or is suspected of having COVID-19. |
| <input type="checkbox"/> | <input type="checkbox"/> | I verify that I have not returned to Alberta from any country outside Canada whether by car, air, bus, or train in the past 14 days. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that any travel from any country outside of Canada increases the risk of contracting and transmitting the novel coronavirus. Alberta Health Services legally requires self-isolation for 14 days from the date a person has returned to Canada. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive physiotherapy treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I verify that I have not been identified as a contact of someone who has tested positive for COVID-19 or been asked to self-isolate by Alberta Health Services or any other governmental health agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have physiotherapy treatment during the COVID-19 pandemic. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that by checking "No" to any of the responses that I am not able to be seen by the therapist and my appointment will be cancelled. |

Signature of Client: _____

Printed Name: _____ Date: _____



PLEASE SIGN ONE OF THE BELOW STATEMENTS FOR EACH TIME YOU ATTEND THE CLINIC

By signing I am agreeing that the above statements are still accurate and true. _____ Date: _____

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