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COVID-19 PANDEMIC – DISCLOSURE AND CONSENT FORM

I _____ **knowingly and willingly consent** or for myself or for a minor _____ under my care to participate in Occupational Therapy on an individual bases during the COVID-19 pandemic.

I understand that:

- People can catch COVID-19 from others who have the virus
- The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales
- These droplets land on objects and surfaces around the person
- Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth
- People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets
- This is why it is important to stay more than 2 meter away, especially from a person who is sick
- The COVID-19 virus has a varied incubation period during which carriers of the virus might not show symptoms yet still be highly contagious

Therapy often includes procedures that require physical contact and the therapist to work with the patient in close proximity. This potentially exposes the patient and the medical practitioner to respiratory droplets which may spread the disease.

- I understand that due to the frequency of visits of other patients, the characteristics of the virus, and the nature of consultations and therapeutic procedures, that I have an elevated risk of obtaining the virus simply by being in a medical practice. _____ (Initial)

I confirm that in the past 14 days I have NOT had the following symptoms of COVID-19 listed below (and that I will inform the medical practitioner immediately should I develop these symptoms).

_____ (Initial)

- Fever (temperature > 37,5 degrees)
- Shortness of breath
- Sore throat
- Cough
- Tiredness
- Diarrhoea or other digestive upset
- Loss of sense of taste or smell
- Any new skin condition on toes and hands

Regarding exposure to the virus:

- I confirm that I have not been in contact (work or social) or living with any person suspected or confirmed of COVID-19 infection?
- I have not tested positive for COVID-19
- If I have recovered from COVID-19, I will wait 4 weeks before treatments and show the therapist the negative test result. _____ (Initial)

Signature _____ Date _____

Full name of Patient/Parent/Guardian _____ and I.D.
number _____