

Markham Foot Care Clinic
COVID-19 (CORONAVIRUS)
HEALTH ASSESSMENT DECLARATION

This self-declaration form is required in order to maintain the health and safety of Markham Foot Care Clinic employees and patients and to restrict the transmission of the coronavirus in the general population.

I, _____ hereby certify that within the previous 21 days of today's office visit:

I HAVE NOT:

- a. Tested positive or presumptively positive with the COVID-19 virus or have been identified as a potential carrier of the COVID-19 virus.
- b. Experienced any symptoms commonly associated with the Coronavirus such as fever, new or existing cough, difficulty breathing, muscle aches, fatigue, sore throat, runny nose, diarrhea or skin rashes. Symptoms in young children may be nonspecific (lethargy, poor feeding).
- c. Been in close contact with a confirmed or presumptive COVID-19 individual.
- d. Travelled internationally, including the United States.
- e. Had close contact with a person with an acute respiratory illness who has travelled internationally, including the United States.

I AGREE to notify the Markham Foot Care Clinic by email to markhamfootcareclinic@gmail.com of any change in status, including diagnosis with Coronavirus and/or quarantine within 21 days of this appointment.

I WILL follow all following protective steps as requested by the employees of Markham Foot Care Clinic:

1. You must wear a mask upon entering the clinic (you can wear a homemade mask or medical grade isolation mask if you have one). We will deny treatment if you refuse to wear a mask. We will provide a mask if necessary.
2. Your temperature may be taken if requested.
3. Use of hand sanitizer before entering and leaving the clinic.
4. Social distancing where applicable.
5. No cell phone use while in the office.
6. Access to the office is limited to the patient and one (1) guardian for minors. People accompanying patients must wait outside the office as there will be no waiting in the reception area.

I UNDERSTAND Markham Family Foot Care Clinic is maintaining appropriate infection prevention and control procedures according to Public Health Ontario protocols to minimize the spread of the Coronavirus.

I ACKNOWLEDGE AND ACCEPT

1. These are unprecedented times and despite the Markham Foot Care Clinic screening efforts, it is impossible to give any assurances that patients **WILL NOT** be exposed to the Coronavirus.
2. This Declaration provides consent to the Markham Foot Care Clinic to disclose, share, record and store this Declaration with Public Health Ontario for the purposes of ensuring the safety of any and all parties that may come into contact with me prior, during and after any appointment or procedure.

I CERTIFY that the information provided on this **Health Assessment Declaration** is correct and complete.

Printed Name

Signature

Date