Complete Family Eyecare

Optometrists

Dr.Sameen Chatoo
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COVID-19 (CORONAVIRUS)

HEALTH ASSESSMENT and DECLARATION

1, _____ hereby certify, represent as warrant as follows:

I HAVE NOT:

a. Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus") in the past 21 days;
b. Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus in the past 21 days.
c. Experienced any symptoms commonly associated with the Coronavirus such as a fever, cough, runny nose, difficulty breathing or flu-like symptoms, or been in close contact with anyone exhibiting these symptoms in the past 21 days.
d. Travelled outside of Canada or through any airport, or been in close contact with anyone who has travelled outside of Canada or through any airport in the past 21 days.

I WILL, if asked, wear a mask (of the specifications recommended by the procedure operator) at all times while in the Complete Family Eyecare clinic, and will take all reasonable protective steps that may be recommended by the Complete Family Eyecare clinic optometrist and/or staff.

It must be understood that these are unprecedented times and despite screening all of our patients before they attend the office, it is impossible to give any assurances that the persons who do attend have not been exposed to the virus which could potentially put others at risk.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to the Complete Family Eyecare clinic to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any procedure.

Temperature:

_____ _____

Signature Date