

Consent Form: COVID-19 Declaration

At Pure Light Laser Skin & Body Clinic we are ensuring that everyone stays safe while coming to our clinic. We require a declaration of respiratory symptoms and exposure to COVID-19 consent signed. If you have been diagnosed with COVID-19, you must provide proof of recovery or proof of diagnosis more than 14 days from today's date.

Please complete and sign the consent/declaration below.

If you do not have a printer at home, please review this form before you arrive and sign upon arrival at Pure Light Laser Clinic.

I, _____, declare:

(Full Name)

1. I have not been in contact with someone who is known to have COVID-19.
2. I have not had a fever, dry cough, or fatigue in the last 14 days.
3. I have not had aches and pains, nasal congestion, runny nose, sore throat, or diarrhea in the last 14 days.
4. I have not travelled outside of Canada in the last 14 days.
5. I have not been in contact with someone who lives or works in a long-term care facility in the last 14 days.
6. I am comfortable entering Pure Light Laser Clinic and acknowledge that I do so at my own risk.
7. I agree to arrive to my appointment on time.
8. I understand that I must comply with Pure Light Laser Clinic's policies to protect my well-being and others in the clinic.
9. Should I fail to comply with Pure Light Laser Clinic's policies, I understand that I may be denied access to the clinic.

By checking this box, I certify the information I provided above is true and correct.

(Client's Signature)

(Date)