



REJUVENUS

CLINIC OF AESTHETICS

INFORMED RELEASE - COVID-19 SUPPLEMENT

_____ I am aware that at this time it is unknown what affects COVID-19 may have on medical aesthetic procedures.

_____ I do not currently have any one or more signs or symptoms of the following:

- Fever (37.8 or greater)
- Shortness of breath
- Body ache
- New or worsening cough
- Sore throat• Hoarse voice
- New change in taste or smell
- Runny nose, sneezing, nasal congestion
- Diarrhea and/or GI infection symptoms (nausea, vomiting, abdominal pain)

_____ I have not travelled outside of the province for the past 14 days nor have I been living or in direct contact with someone who has travelled outside of the province for the past 14 days.

_____ I have not provided care or had close contact with a symptomatic person known or suspected to have COVID-19 in the past 14 days

_____ I have not had contact with a person who travelled outside of Canada in the last 14 days who has become ill (with two or more of the following symptoms: fever, cough, sore throat, runny nose, or headache).

_____ My temperature is tested by the medical provider prior during the screening.
Result: _____

I understand that this form will be confidentially kept for records, however, can be accessed by a Public Health agent if records are requested during clinic inspection.

Patient First & Last Name

Patient Signature

Date signed