

Associate Pediatric Clinic COVID-19 Screening / Consent Form

Patient name(s): _____

Thank-you for visiting the Associate Pediatric Clinic.

All persons visiting the clinic are required to wear a mask while inside the clinic and waiting room area.

At this time, we are allowing only ONE parent / guardian to accompany the patient(s) into the exam rooms. This is to ensure we keep proper social distancing measures in place to protect your families and ours.

Please review and sign the following before continuing with your scheduled appointment.

YOU ARE REQUIRED TO INFORM STAFF IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- Fever > 38°C
 - Cough
 - Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
 - Runny Nose

I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I verify that **I, nor anyone else in my household including the patient / dependent** have **not** returned to Alberta from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____
(Initial)

I consent to having temperature checks done for each person entering the Associate Pediatric Clinic
_____ (initial)

Parent or Guardian Signature _____ Date _____