

I, \_\_\_\_\_ (PLEASE PRINT NAME) UNDERSTAND THE NOVEL CORONAVIRUS, CAUSES THE DISEASE KNOWN AS COVID-19. I UNDERSTAND THE NOVEL CORONAVIRUS HAS A LONG INCUBATION PERIOD DURING WHICH CARRIERS OF THE NOVEL CORONAVIRUS MAY NOT SHOW SYMPTOMS AND STILL BE CONTAGIOUS.

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Please print your initials beside each point in acknowledgement of each applicable statement:

- |  | Initial |
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| 1. I confirm that I am not presenting any of the following symptoms of COVID-19 identified by the Public Health Agency of Canada:  |         |
| a) Fever-like temperature over 38°C  |         |
| b) Cough   |         |
| c) Sore throat   |         |
| d) Shortness of breath   |         |
| e) Difficulty breathing  |         |
| f) Flu-like symptoms   |         |
| g) Runny nose  |         |
| h) Loss of taste and/or smell  |         |
| 2. I have exercised proper hygiene prior to my dermal filler injection procedure today by  |         |
| • washing my hands with soap and water for at least 20 seconds, or used an alcohol-based hand sanitizer after using the washroom and food preparation  |         |
| • coughing/ sneezing into a tissue or the bend in my arm, not my hand and disposing of any tissues I have used as soon as possible in a lined waste basket, followed by washing my hands   |         |
| • avoiding touching my face with unwashed hands  |         |
| 3. I understand that the Public Health Agency of Canada has asked individuals to maintain physical distancing of at least 2 metres (6 feet) to prevent the spread of the novel coronavirus & it is not possible to maintain this distance during dermal filler injection procedures, increasing my risk. |         |
| 4. I understand the frequency of visits of other patients, the characteristics of the novel coronavirus, and the characteristics of medical aesthetic procedures, that I have an elevated risk of contracting the novel coronavirus simply by choosing to have a cosmetic treatment.                     |         |

5. a) I am under 65 with no pre-existing health conditions which might make me high-risk for the corona virus. OR

b) I am over 65 and I am aware pre-existing health conditions make one vulnerable to the novel coronavirus which include and not limited to: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy. My health care provider and I have discussed the risks, and are both in agreement to proceed with a dermal filler treatment.

6. I understand the novel coronavirus can cause infections in the nose, throat and lungs. I understand they are most commonly spread from an infected person through:

- respiratory droplets generated when you cough or sneeze
- close, prolonged personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

I understand the current evidence suggests person-to-person spread is more likely when there is close contact.

7. In efforts to prevent the spread of COVID-19, I confirm I am aware and acted in accordance with the Public Health Agency of Canada's advisement to:

- stay home unless going to work classified as an "essential business or service"
- avoid all non-essential trips in my community
- do not gather in groups
- limit contact with people at a higher risk, such as older adults and those in poor health

8. I understand any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. I am aware the Public Health Agency of Canada requires self-isolation for fourteen (14) days from the date a person has returned to Canada to prevent the spread of the novel coronavirus.

9. I confirm I have not been in close contact with anyone who has travelled outside of and returned to Canada. If I have had close contact with anyone who has travelled outside of and returned to Canada, I confirm they completed self-isolation (quarantine) for fourteen (14) days upon their return to Canada on the basis of us sharing the same living residence or circumstances noted here:

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Initial



10. I confirm I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Public Health Agency of Canada, the Communicable Disease Control or global governmental health agencies.
11. I am aware that dermal filler injection procedures are classified as a non-emergency health care, and I am choosing to proceed anyways.
12. I understand dermal filler injection procedures can cause me to bleed, secrete bodily fluid and create openings in my skin, which may leave me more susceptible to the novel coronavirus being transmitted.
13. I confirm that I am not currently positive for the novel coronavirus.
14. I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.
15. Applicable if you are a survivor of the novel coronavirus: In accordance with the Public Health Agency of Canada, I confirm I have undergone the required measures and am a survivor of the novel coronavirus.  
 The date I tested positive as a carrier of novel coronavirus: \_\_\_\_\_, 2020.  
 The date my COVID-19 test yielded negative results: \_\_\_\_\_, 2020.
16. Unless stated otherwise in point 15, I confirm I have never had the novel coronavirus.

Initial

BY AFFIXING MY SIGNATURE BELOW, I CERTIFY THAT:

1. I have read and fully understand the contents of this informed consent form and the nature and extent of the novel coronavirus disease (COVID-19).
2. I understand that cosmetic procedures are elective, and by choosing to proceed with a treatment might be at higher risk for contracting COVID-19. I agree to all statements listed above freely and voluntarily.

Name of Patient \_\_\_\_\_

Name of Provider \_\_\_\_\_

Patient Signature \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_