

**COVID-19 (CORONAVIRUS)
HEALTH ASSESSMENT and DECLARATION**

The self-declaration form is required in order to safeguard the health and safety of *The Hamilton Foot Clinic* employees and restrict the outbreak in the general population. Please fill out the form to allow us to take steps necessary to protect your health and safety.

I, _____,
hereby certify, represent and warrant as follows: Within the **twenty-one (21) days** immediately preceding the Date of this Health Declaration Form, I HAVE NOT:

1. Tested positive or presumptively positive with COVID-19 or been identified as a potential carrier of the COVID-19 virus or similar communicable illness
2. Experienced any symptoms commonly associated with the Coronavirus, including but not limited to: **Fever/feverish, new or existing cough, difficulty breathing, loss of taste or smell.**
3. Travelled outside of Ontario in the last 21 days
 - a. If you have, where have you travelled:

-
4. Been in close contact with a confirmed or probably COVID-19 case, been in close contact with a person with acute respiratory illness who has been outside Canada in the last 21 days

I AGREE to notify *The Hamilton Foot Clinic* (by email: info@healthyfeet.net) of any change in status, including diagnosis with COVID-19 and/or quarantine, within thirty (30) days following treatment at the clinic.

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

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to the *The Hamilton Foot 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.

Signature

Date

Thank you for this information and helping us prevent the spread