

INFORMED RELEASE – COVID-19 Supplement

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

_____ I do not currently have **any** signs or symptoms of COVID-19: fever, cough, sore throat, shortness of breath, runny nose and/or headache.

_____ I have not 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)

Patient Name

Date

Patient Signature

Witness Signature