Consent form for caregivers or close persons assisting a relative at the JGH during the COVID-19 pandemic

You are asking to visit the following user: _________________________(full name in block letters) Unit number: _________________(to be filled in by staff)

To help you make an informed decision, you must fully understand the inherent risks you will take when you assist a user during the COVID-19 pandemic:

☐ When you visit a user, there is an increased risk that he or she, the other users and the personnel will contract COVID-19.
☐ When you visit a user, there is an increased risk that you, as caregiver or close person, will contract COVID-19.
☐ In addition, the people most at risk of developing complications after contracting COVID-19 are those aged 65 and over, and/or those who are more vulnerable due among other things to cardiovascular disease, lung disease, high blood pressure, diabetes and chronic renal diseases, and/or those with compromised immune systems.

Based on the above, I, the undersigned, ___________________________(full name in block letters):

☐ certify that I have understood the inherent risks arising from the decision, as listed above;
☐ certify that I have read the information on monitoring for symptoms, hand hygiene, respiratory etiquette and the use of personal protective equipment;
☐ will comply with the conditions and instructions imposed by the institution or by the public health authorities regarding infection prevention and control;
☐ agree to wear appropriate personal protective equipment as required by the user’s condition;
☐ agree to respect the applicable visiting hours;
☐ agree to coordinate my visits with the other caretaker(s) and/or close person(s) in order to ensure we respect the public health rule of one single caregiver/close person at a time and no more than 4 different caretakers/close persons in a 24 hour period;
☐ understand that if I fail to comply with the conditions and instructions imposed by the institution or by the public health authorities, the institution may terminate my right to visit.

___________________________________    ___________________________
Signature                                                                  Date (yyyy/mm/dd)