



COVID-19 Consent Form

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is very contagious with long incubation period during which carriers of the virus may not show symptoms and still be contagious. It is believed to spread by person-to-person contact; and, as a result, public health authorities recommend social distancing.

I recognize that the staff at Maple Ridge Physiotherapy and Pain Clinic are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 simply by being in the clinic.

I understand that public health authorities recommend individuals to maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive treatment.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 by attending in-person appointments.

I understand that TeleRehab is an option that would eliminate such risk. Deferring in-person treatment is also an option I have considered.

I understand the potential risk of COVID-19 exposure, and I would like to proceed with my desired treatment.

I knowingly and willingly consent to physiotherapy/massage therapy/kinesiology treatment during the COVID-19 pandemic.

Patient Name

Date (YYYY/MMM/DD)

I agree that checking this box constitutes an electronic representation of my signature.