Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Facility: _____

File no.: _____

Family name, first name: _____

Date of birth: _____ ☐ F ☐ M
yyyy-mm-dd

RAMQ no.: _____ Exp. _____
yyyy-mm

Mother's name: _____

ENGAGEMENT FOR INFORMAL CAREGIVERS VISITING RELATIVES DURING THE COVID-19

For caregivers visiting relatives during the COVID-19 pandemic

IDENTIFICATION OF CAREGIVER

FAMILY NAME: _____ FIRST NAME: _____
Print please *Print please*

Health insurance card number: _____ Date of birth: _____

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

→ When you visit a resident, you are increasing the risk that he or she, the other residents, and the personnel will contract COVID-19;

→ When you visit a resident, you are increasing the risk that you, as an informal caregiver, will contract COVID-19;

→ In addition, the people most at risk of developing complications after contracting COVID-19 are those aged 70 and over, and/or those who are more vulnerable due to underlying conditions such as cardiovascular disease, lung disease, high blood pressure, diabetes, and chronic renal disease, and/or those with a compromised immune system.

Based on the above, I, the undersigned, _____
Print please

- 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 enacted by the institution or by the public health authorities regarding infection prevention and control;
- Will inform those in charge of the living environment if any symptoms appear (fever, onset or aggravation of a cough, difficulty breathing, sudden loss of sense of smell without nasal congestion accompanied or not by loss of taste);
- Will undertake to carry out a screening test as soon as any symptoms appear and will inform those in charge of the living environment of the result;
- Agree to wear appropriate personal protective equipment required;
- Understand that if I fail to comply with the conditions and instructions prescribed by the institution or by the public health authorities, the institution may terminate my right to visit.

_____ Date: _____
Caregiver's signature yyyy/mm/dd