

Please note your procedure may be cancelled if the health practitioner (doctor/nurse/aesthetician) feels that it is not safe to proceed, or they find you are not a good candidate for the procedure.

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<p><i>I confirm that I am NOT presenting any of the following symptoms of COVID-19 identified by the Public Health Agency of Canada:</i></p> <ul style="list-style-type: none"> a) <i>Fever-like temperature over 38°C</i> b) <i>Cough</i> c) <i>Sore throat</i> d) <i>Shortness of breath</i> e) <i>Difficulty breathing</i> f) <i>Flu-like symptoms</i> g) <i>Runny nose</i> h) <i>Loss of taste and/or smell</i> 	<i>Initials</i>
<p><i>I have not travelled outside of Canada, or to a "hot spot" location within Canada in the last 14 days.</i></p>	
<p><i>I have not had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill or has travelled outside of Canada, or to a "hot spot" location within Canada in the last 14 days.</i></p>	
<p><i>I, nor anyone in my household have been in close contact in the last 14 days with someone who is being investigated or confirmed to be positive for COVID-19.</i></p>	
<p><i>I confirm that to my knowledge I am not currently positive for COVID-19.</i></p>	
<p><i>I am aware pre-existing health conditions make one vulnerable to COVID-19, and I am willing to proceed with the procedure/appointment.</i></p>	
<p><i>I understand the current evidence suggests person-to-person spread is more likely when there is close contact, and I would like to proceed with my procedure/appointment.</i></p>	
<p><i>I have exercised proper hand hygiene prior to my procedure/appointment today.</i></p>	
<p>Patient Signature: _____</p> <p>Today's Date: _____</p> <p>Practitioner's Signature: _____</p>	