

## COVID Arrival Form and Consent

### COVID-19

Do you have a fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had close contact with anyone with an acute respiratory illness?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a confirmed case of COVID-19 or have you had close contact with a confirmed case without appropriate PPE? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you travelled outside of Canada in the past 14 days or been in contact with someone who has travelled and sick in the past 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered “Yes” to any of these questions, please explain.**

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By signing this form, you consent to **Freelton Eye Care’s** collection of the information above and share your personal information ONLY for the following purposes: your ongoing eye care; to provide services to you; to understand your eligibility for benefits and/or services; to arrange payment for services, and as required by law.

The collection of this information is authorized by the *Health Insurance Act, Optometry Act, Regulated Health Professions Act and Health Protection and Promotion Act.*

We will take ALL possible steps to ensure that your personal information is treated confidentially and to prevent unauthorized access, use or disclosure of your personal information.

- Accepting payment receipts and glasses prescriptions via email when applicable
- Providing my personal health information to ensure the time I spend in the office is efficient and focused on my medical care.
- Application of a \$100 charge on the officially-booked appointment date if I do not attend my appointment OR cancel with fewer than 2 business days’ notice.

I, \_\_\_\_\_, have read the information on this form and **DO CONSENT** to the above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_