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Essential Caregiver – Form

Date: _____

Resident: _____ **SDM:** _____

Designated Caregiver 1.: Please Print Name _____

I attest to COVID-19 test negative: Pending

Date of COVID TEST: _____

I attest that I have read and understand the required education:

I attest that I have not had a positive COVID Test Result:

I consent to the collection of and use of this personal information for the purposes of my eligibility to become or remain an Essential Caregiver. Collection and Use are in accordance with the PHIPA 2004 and any subsequent use or disclosure complies with PHIPA:

Signature:

Designated Caregiver 2.: Please Print Name _____

I attest to COVID-19 test negative: Pending:

Date of COVID TEST: _____

I attest that I have read and understand the required education:

I attest that I have not had a positive COPVID Test Result:

I consent to the collection of and use of this personal information for the purposes of my eligibility to become or remain an Essential Caregiver. Collection and Use are in accordance with the PHIPA 2004 and any subsequent use or disclosure complies with PHIPA:

Signature:

Executive Director / Designate: _____