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Essential Caregiver / Visitor – Form

Date: _____

Resident: _____ Apartment: _____

Designated Caregiver: 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:

If you are being accompanied to a medical appointment, the person accompanying you needs to **have a CURRENT negative COVID test result and pass active screening.**

Both you and the person accompanying you need to wear a mask for the duration of the appointment, this includes travel time in the car.

Essential caregivers can come to visit you in your apartment – this person will require a **negative Covid-19 test within the past 7 days and pass active screening.**

Please follow all infection control protocols in and outside of the Fairview community; this person can only visit with you, no other residents.

Revised December 19, 2020