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Essential Caregiver / Visitor – Form

Resident: _____ **Room/Apartment / Suite #:** _____

Designated Caregiver: Please Print Name _____

I attest that I have read /watched and understand the required education (posted on our website):

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:

I CONSENT TO HAVING A PANBIO RAPID ANTIGEN TEST UPON ENTRY INTO THE HOME, AND UNDERSTAND I HAVE THE OPPORTUNITY TO ASK ANY QUESTIONS AT THE TIME OF THE TEST

Resident or SDM Signature: _____

If you are accompanying a resident to a medical appointment, the person accompanying needs to **be screened at reception and have either a Rapid Antigen Test with a negative result completed prior to picking up resident at the suites.**

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

Please follow all infection control protocols in and outside of the Fairview community; this person can only visit with you, no other residents. Your mask must be worn AT ALL TIMES during your visit.

OFFICE USE ONLY

Form Received By: _____

Date Received: _____

Executive Director OR DESIGNATE APPROVED: _____

Added into “approved caregiver” document for screener