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Cambridge, ON N3H 5E4
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F: 519.650.1242
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Waterloo, ON N2K 4M1
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# *Essential Caregiver / Visitor – Form*

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

## Designated Caregiver: (Print Name)_____

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

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**: ◯

I CONSENT TO HAVING READ THE VACCINATION AND SCREEING POLICIES INCLUDING PANBIO RAPID ANTIGEN TESTING, AND UNDERSTAND I HAVE THE OPPORTUNITY TO ASK QUESTIONS AS NEEDED ◯

**Please describe the type of essential service being provided as/by caregiver:**

_____
_____
_____
_____

## Resident or SDM Signature: _____

If you are accompanying a resident to a medical appointment/absence, the person accompanying needs to **be screened at reception and comply with rapid antigen testing (if required) prior to picking up resident.** Masks are required for the duration of the absence including during car rides, home visits, medical appointments etc.

Please follow all infection control protocols in and outside of the Fairview community; designated Caregivers, visitors and residents can only visit with EACHOTHER not other residents or family visitors. Your mask must be worn AT ALL TIMES during your visit.

OFFICE USE ONLY

Executive Director OR DESIGNATE APPROVED: _____

◯ Added into "approved caregiver" document for screener Date:_____

Revised July 16th 2021