

For caregivers visiting retirement homes

**CONSENT FORM FOR THE RELATIVE WHO WILL BE HELPING A PERSON STAYING AT A CHSLD  
DURING THE COVID-19 PANDEMIC**

In order for you to make an informed decision, you must understand the risks involved in helping a resident in the context of the COVID-19 pandemic.

- By visiting a resident, you increase the risk of this person, other residents or staff members contracting COVID-19.
- By visiting a resident as a caregiver, you increase your risk of contracting COVID-19.
- In addition, people who are at greater risk of developing complications after contracting COVID-19 are those aged 65 and over and those with a vulnerability factor (in particular, cardiovascular disease, pulmonary disease, hypertension, diabetes, or chronic renal failure) or who are immunocompromised.

In light of the foregoing, I, \_\_\_\_\_, the undersigned:

- certify that I have understood the aforementioned risks inherent in this decision;
- certify that I have read the information on symptom monitoring, hand hygiene, respiratory etiquette and the use of personal protective equipment;
- agree to comply with the conditions and instructions imposed by the living environment (CHSLD, RI-RTF, RPA) or by public health authorities with regard to infection protection and control;
- agree to wear the appropriate personal protective equipment for the resident's condition;
- understand that in the event of my non-compliance with the conditions and instructions imposed by the establishment or public health authorities, the establishment may end the possibility of my visiting.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date (yyyy/mm/dd)