

VICTORIA OCCUPATIONAL HEALTH AND WELLNESS CENTRE

COVID-19 CONSENT FORM

Please complete and send as follows;

Email to: info@victorialaboratories.com, or whatsapp : 355-5115

Personal Information

Name	<input type="text"/>	Date	<input type="text"/>
Company	<input type="text"/>	Date of Birth	<input type="text"/>
Contact Number::	<input type="text"/>	ID#:	<input type="text"/>
		Sex: () M () F	
Address	<input type="text"/>		
Reason For Test	<input type="text"/>		

Clinical Data

Do you have any of symptoms below?

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty with breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been in close contact with anyone who exhibits COVID 19 symptoms or tested positive? ☐ Yes ☐ No

I, the undersigned agree to get my sample tested for COVID-19 and provide my proof of identification ID/DP/PP Number.

The significance and relevant information of this test have been provided to me by my requesting physicians or others. Please specify others: _____.

I understand that my result will be kept confidential at all times.

I understand that my results will be sent directly to my employer and/or the requesting company: ☐ Yes ☐ No

I authorize the release of my test results and/or samples, and any follow-up test results and/or samples, to the Chief Medical Officer (CMO) of Trinidad & Tobago, Trinidad Public Health Laboratory (TPHL) and to any other governmental entity, as required by law.

Signature of patient: _____
or _____

DATE: _____

Signature of Legal Parent: _____
(For Minor patients) _____

DATE: _____

General Information on COVID-19

What is COVID-19?

COVID-19, previously called the Novel Coronavirus, is part of a family of viruses that includes the common cold, SARS and MERS.

Symptoms of COVID-19?

Similar to the common cold, COVID-19 is spread from person to person when an infected carrier coughs or sneezes. Symptoms of COVID-19 include: Fever, Coughing, Sore Throat, and in some cases Acute diarrhoea.

Prevention

Prevention is the most important action you can take to protect yourself and your family from getting COVID-19. The Ministry of Health urges the population to:

- Wash your hands with soap and water
 - Use an alcohol-based hand sanitizer if water and soap are not available

Cover your nose and mouth with a tissue when you cough or sneeze

- Dispose of tissue immediately after using
- Cough and sneeze into the crook of your elbow if you do not have a tissue
- Avoid touching your face

Practice social distancing (e.g. no kissing, hugging, or hand-shaking, avoid mass gatherings)

Stay home if you are ill

- Avoid close contact with people who have flu-like symptoms

Sanitize hard surfaces (e.g. table tops, hand rails, door knobs and trolleys) as often as possible.