

VICTORIA LABORATORIES LIMITED
COVID-19 CONSENT FORM

ACCESSION NUMBER:

Personal Information

Name Date

Doctor Date of Birth

Contact Number: ID#: Sex: () M () F

Address

Email Address

Reason For Test

Clinical Data

Do you have any of symptoms below? Tick if Yes / Place X if No

<input type="checkbox"/> FEVER	<input type="checkbox"/> SORE THROAT	<input type="checkbox"/> RUNNY NOSE	<input type="checkbox"/> VOMITING	<input type="checkbox"/> NAUSEA
<input type="checkbox"/> COUGH	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> CHEST PAIN	<input type="checkbox"/> FATIGUE	<input type="checkbox"/> LOSS OF TASTE/SMELL

DIARRHEA DIFFICULTY WITH BREATHING

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

If Yes How long ago did you come in contact with the individual.? _____

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 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: _____

Date: _____

or

Signature of Legal Parent: _____

Date: _____

(For Minor patients)

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.