

**ENGAGEMENT AND CONSENT FORM FOR INFORMAL CAREGIVERS RECEIVING VISITORS/  
RELATIVES AT HOME DURING THE COVID-19 PANDEMIC**

To help you make an informed decision, you must fully understand the inherent risks you will take when you receive a resident at home during the COVID-19 pandemic:

- When you receive a resident, there is an increased risk that he or she, the other and the yourself or the family members living at home will contract COVID-19.
- When you receive a resident at home, there is an increased risk that you, or the family members living at home, will contract COVID-19.
- In addition, the people most at risk of developing complications after contracting COVID-18 are those aged 70 and over, and/or those who are more vulnerable due among other things to cardiovascular disease, lung disease, high blood pressure, diabetes and chronic renal diseases, and/or those with compromised immune systems.

Based on the above, I, the undersigned, \_\_\_\_\_  
:

- certify that I have understood the inherent risks arising from the decision, as listed above;
- certify that I have read the information on monitoring for symptoms, hand hygiene, respiratory etiquette and the use of personal protective equipment;
- will comply with the conditions and instructions enacted by the institution or by the public health authorities regarding infection prevention and control;
- will inform those in charge of the residential resource if any symptoms appear (fever, onset or aggravation of a cough, difficulty breathing, sudden loss of sense of smell without nasal congestion accompanied or not by loss of taste);
- will undertake to carry out a screening test as soon as any symptoms appear and will inform those in charge of the living environment of the result;
- agree to wear appropriate personal protective equipment required;
- understand that if I fail to comply with the conditions and instructions prescribed by the institution or by the public health authorities, the institution may terminate my right to receive the visit of the resident.

\_\_\_\_\_  
Signature

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