

## COMMITMENT FORM

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I, the undersigned \_\_\_\_\_, agree, for the entire duration of my internship, to take all the necessary precautions to avoid any risk of spread of COVID-19, namely:

- Attend the IPC training course organized by the institution;
- Take my temperature on a daily basis before going to one of the CISSS de Laval facilities;
- Respect the physical distancing instructions of 2 meters as much as possible when around co-workers, supervisors, personnel, etc.;
- Consider using personal protective equipment (PPE) not only for clinical situations, but also for teaching/learning situations where maintaining physical distancing of 2 meters from others is not possible;
- Wear a mask continuously for trainees involved in contacts within a distance of less than 2 meters with patients;
- Closely monitor COVID-19 symptoms;
- Rapidly take a COVID-19 diagnostic test in the presence of COVID-19 symptoms;
- In the event of a confirmed diagnosis of COVID-19, immediately inform my internship supervisor, my internship environment, and my attending physician.

I confirm not having any of the following symptoms:

- |   |                          |
|---|--------------------------|
| ▪ Fever   | ▪ Headaches              |
| ▪ Onset or worsening of a cough   | ▪ Aching muscles         |
| ▪ Difficulty breathing  | ▪ Intense fatigue        |
| ▪ Sudden loss of sense of smell without nasal congestion, with or without loss of taste | ▪ Major loss of appetite |
| ▪ Sore throat   | ▪ Nausea and vomiting    |
|   | ▪ Diarrhea               |

1. Do you intend to work at another health and social services facility 14 days before or during your internship at the CISSS de Laval?  
 Yes: Name of the facility: \_\_\_\_\_  No
2. Do you intend to complete an internship at another health and social services facility 14 days before your internship at the CISSS de Laval?  Yes  No
3. If you have answered Yes to one of the questions above, to the best of your knowledge, are any of those facilities experiencing a COVID-19 outbreak?  Yes  No

This commitment takes effect from the date of signature thereof.

Last and first name of the trainee: \_\_\_\_\_

Signature of the trainee: \_\_\_\_\_

Date (DD-MM-YYYY): \_\_\_\_\_