



Dr. Richard Bendor-Samuel MD, FRCS(C)

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COVID-19 RISK ASSESSMENT

Date: October 18, 2020

Patient Name: Sean Connelly

DOB: 1978/12/09

PATIENT RISK COVID-19 IDENTIFICATION:

In the past 48 hours have you had, or are you currently experiencing:

- ☐ New or worsening cough
- ☐ Fever greater than 38°C (i.e. chills, sweats)
- ☐ Patient does not have a worsening cough or fever greater than 38°C

OR

Have you had two or more of the following symptoms (new or worsening):

- ☐ Sore throat
- ☐ Headache
- ☐ Runny nose
- ☐ Shortness of breath
- ☐ Patient does not have a sore throat, headache, runny nose or shortness of breath

If you meet the above screening criteria, please call 811 to arrange Covid-19 testing and also notify our office.

If you are you under self-isolation requirements:

- ☒ Are you waiting for Covid-19 test results?
- ☒ Have you tested positive for Covid-19?
- ☒ Have you had close contact with someone who has or is suspected to have Covid-19?
- ☒ Have you travelled outside of Atlantic Canada within the last 14 days?
- ☒ Patient is not under self-isolation requirements.

I confirm that the information on this form is truthful and accurate.

I understand that Landings Surgical Centre implements all of the necessary practices to ensure the health and safety of patients, physicians and staff during the Covid-19 pandemic.

I understand that Nova Scotia Health: Public Health has asked individuals to maintain physical distancing at 2 metres (6 feet) due to Covid-19 and it is not always possible to maintain this distance while receiving care at Landings Surgical Centre.

1. There is a risk that I could be exposed to severe acute respiratory syndrome coronavirus 2, the virus responsible for COVID-19 (hereinafter referred to as "COVID 19") while attending at the Facility to receive the Services. I accept and acknowledge that I could be exposed to COVID 19 through the following means (this list is not exhaustive):


1. My physical presence at the Facility;
2. My interactions with other patients or members of the public who are present at the Facility at the time of my attendance;
3. My interactions with staff, agents and other health care professionals at the Facility; and
4. The physical touching of any equipment or fixtures in the Facility.

2. While receiving services, the Service Provider may need to be physically closer to me than the recommended social distancing guidelines in order to assess and/or treat me.

I acknowledge that I have read and fully understand the risks as described above. I acknowledge and confirm that I am willing to accept these risks as a condition of attending at the Facility to receive the Services from the Service Provider.

I knowingly and willingly consent to receive care at Landings Surgical Centre during the Covid-19 pandemic.

Patient Signature: _____

A handwritten signature in black ink, consisting of several loops and a final vertical stroke, written over a horizontal line.

Date: _____

October 18, 2020

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