



Howden Medical Clinic

Urgent Care/Family Practice/Cosmetics

375 Howden Blvd, Unit 2
Brampton, ON L6S 4L6
www.HowdenMedicalClinic.com

Phone: 905-790-2666
Fax: 905-459-5000
Email: info@howdenmedicalclinic.com

COVID-19 Patient Consent

Patient Name: _____ DOB: _____

Health Card Number: _____ Version Code: _____ Expiry: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Tel: _____

History of travel in the last 14 days: Yes or No: _____

Date of leaving home city: _____

Date of return to home city: _____

Countries/Provinces/ Towns visited in the last 14 days: _____

Places of transit during recent travel: _____

Public events attended in the last 14 days: _____

History of Contact with known COVID19 Case in the last 14 days: _____

List all members of your immediate family and their Occupations below:



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COVID-19 Patient Consent

Please specify your symptoms below, by placing a

- Fever Sore Throat New or worsening Cough Difficulty swallowing
Shortness of Breath Runny Nose or Nasal congestion Nausea/ Vomiting
Taste Disorders Diarrhea Abdominal Pain

Other Symptoms : _____

Declaration

I _____ hereby declare that the information provided is complete and accurate. I fully understand that any false information can put the healthcare workers in Howden Medical Clinic at a high risk of contracting COVID-19 disease. I fully agree to follow all the instructions regarding precautionary steps by attending physician and the staff at the clinic. I am visiting the clinic with full knowledge that we are going through a COVID-19 global pandemic. There is a possible risk of getting this virus by visiting any place during this pandemic. I have been fully explained the content of this declaration form in a language that I can understand. I hereby grant the attending physician and the team members at Howden Medical Clinic of any criminal or medico-legal liability arising due to my visit to the clinic. I hereby give my consent for this.

Date: _____ Patient's signature: _____

Signature of assisting staff: _____

Signature of Attending Physician: _____