

COVID 19

CLINIC NAME
CLIENT INFO SHEET

CONTACT

Address
City, St, Postal code.
Email
Telephone

DEAR CLIENT

I thank you for your understanding and compliance of the new guidelines and preventive measures I have in place in order to protect each other.

Once you return home please include proper hand washing as part of your home care routine.

Please continue to follow government recommendation of social distancing as this measure protects both of us from over exposure. I also commit to follow this recommendation.

If you develop any possible COVID-19 symptoms in the 2 weeks after your treatment, please contact 811 as soon as possible. Please inform me you have been tested for the virus so I may make an informed decision on what steps I need to take.

These are uncertain times for us all but as we come together and work together safely, we can protect each other and our loved ones.

Sincerely,

Your RMT