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**INFORMED CONSENT**

The Government of Ontario declared a province-wide state of emergency under *The Emergency Management and Civil Protection Act* on March 17, 2020 to protect the health and safety of all Ontarians and to reduce the spread of the novel coronavirus (or **COVID-19**). COVID-19 is easily spread by contact with droplets produced by people who have the virus.

The University of Windsor (the **University**) has put in place measures to reduce the spread of COVID-19, however the University cannot guarantee that any individual attending the University Campus, using the University’s facilities, or participating in activities organized by the University, whether on-campus or off-campus (including student internships and placements) (collectively, the **University Activities**) will not become infected with COVID-19. Further, attending the University Campus and participating in the University Activities, could increase the risk of contracting COVID-19.

All participants in the University Activities are being asked to carefully review, confirm, and agree to the statements made below.

I have informed myself of the risks of COVID-19. I knowingly, willingly, and voluntarilyto participate in my University Activities during the COVID-19 pandemic, even though my participation could heighten the chances that I become infected with COVID-19.

I understand:

*initials*

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| --- | --- |
| 1. That COVID-19 has been declared a worldwide pandemic by the World Health Organization and that COVID-19 is extremely contagious and can spread by person to person contact. | \_\_\_\_\_\_ |
| 1. That by participating in my University Activities I may become infected with COVID-19, which could result in the following: extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy/intervention, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications (including lung and heart complications) and the risk of death. | \_\_\_\_\_\_ |
| 1. That COVID-19 might cause additional risks, some of which may not currently be known at this time. | \_\_\_\_\_\_ |
| 1. These risks could cause me to incur medical and other expenses. | \_\_\_\_\_\_ |

I certify that:

*initials*

|  |  |
| --- | --- |
| 1. Neither I, nor anyone in my household, has travelled internationally in the past fourteen (14) days. | \_\_\_\_\_\_ |
| 1. Neither I, nor anyone in my household, believes that they have been exposed to a person with a confirmed or suspected diagnosis of COVID-19 | \_\_\_\_\_\_ |
| 1. Neither I, nor anyone in my household, has been diagnosed with COVID-19 within the past 2 months and/or is being directed by a health care provider to self-isolate. | \_\_\_\_\_\_ |
| 1. Both I and the individuals in my household are following recommended guidelines as much as possible including, but not limited to: practicing social distancing by maintaining a separation of at least six (6) feet or two (2) metres from others who are not part of the household(s), engaging in proper handwashing, respecting inter-provincial travel recommendations, and otherwise limiting our exposure to COVID-19. | \_\_\_\_\_\_ |
| 1. If my answers to any of the above statements change prior to me commencing my University Activities or during my University Activities, I will withdraw myself from the University Activities and inform the University by emailing **[NTD: University Contact].** | \_\_\_\_\_\_ |

I further certify:

*initials*

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| --- | --- |
| * 1. No one in my household(s) is experiencing any symptoms of illness, including symptoms that resemble a cold. Symptoms include, but are not limited to: cough, fever, shortness of breath or difficulty breathing, runny nose, stuffy nose, sore throat, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or unexplained loss of appetite), loss of sense of smell or taste, or pink eye. | \_\_\_\_\_\_ |
| * 1. I understand that the list of symptoms noted above is constantly evolving, and I will make best efforts to monitor the most current information from the Government of Ontario at the following link before Using University Facilities or Participating in University Activities: <https://www.ontario.ca/page/covid-19-stop-spread#section-0> | \_\_\_\_\_\_ |
| * 1. I will not Use University Facilities or Participate in University Activities if anyone in my household(s) is sick, even if the symptoms resemble a mild cold. If anyone in my household(s) is sick or symptomatic, I agree to not Use University Facilities or Participate in University Activities **and will inform the University by emailing** [**Windsor Law’s Clinical and Experiential Learning Coordinator**](mailto:smarion@uwindsor.ca)**.** | \_\_\_\_\_\_ |
| 1. I have read and understand the risks of not conforming with the safety and hygiene protocols that have been adopted by the University, and are posted on the Government of Ontario's website (<https://www.ontario.ca/page/covid-19-stop-spread#section-0>) in advance of Using University Facilities or Participating in University Activities. I also understand that I must follow these safety and hygiene protocols | \_\_\_\_\_\_ |

Signed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022

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|  |  |  |
|  |  |  |
| Signature  Printed Name |  |  |

Department Contact Information

RETURN FORM TO:

[Stacey Marion  
Clinical and Experiential Learning Coordinator   
Windsor Law](mailto:smarion@uwindsor.ca)