



COVID-19 Consent for EMSB Courses

**PLEASE COMPLETE THIS FORM AND HAND IT IN AT THE EMSB REGISTRATON
DESK ON THE DAY OF YOUR COURSE**

I _____ (candidate name) understand that I am opting to attend an EMSB course.

<u>Statement</u>	<u>Initials</u>
I understand that the novel coronavirus disease, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO) and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, social distancing and other infection control measures are recommended. This is not entirely possible in the EMSB course; however, I am satisfied that safety measures are in place to minimise risk as much as possible, and contact with Faculty and other candidates will be kept to an absolute minimum in line with the educational requirement of the course.	
I understand the EMSB Course Organiser and Faculty members are closely monitoring the COVID-19 situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with the course. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through my attendance at the course.	
I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time. I understand that COVID-19 can be fatal.	
I have been given the option to attend an EMSB course at a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed in attending the course.	
I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below: <ul style="list-style-type: none">• Fever• Shortness of Breath• Loss of Sense of Taste or Smell• Dry Cough• Runny Nose• Sore Throat	
I confirm that I have not been in contact with a confirmed COVID-19 person or persons with the above symptoms in the past 14 days	
I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I confirm that I have not undertaken air travel or other overseas travel in the past 14 days from a country outside of the current "travel corridor".	
I confirm that if I develop COVID-19 symptoms following the EMSB course, or a known contact of mine develops symptoms, I will immediately inform the EMSB Course Organiser to enable appropriate measures to be put in place and contact tracing to commence.	

Signature:

Date:

Candidate Name: