

<input type="checkbox"/> <b>Patient undergoing treatment</b>	<input type="checkbox"/> <b>Spouse/Partner (if applicable)</b>
<input type="checkbox"/> <b>Intended Parent #1</b>	<input type="checkbox"/> <b>Intended Parent #2</b>
RAMQ	RAMQ
First Name	First Name
Last Name	Last Name
Date of Birth	Date of Birth
Hospital Card Number	Hospital Card Number

At this time, very little is known about the effect of COVID-19 on pregnancy. However, pregnant patients are more at risk of complications from infections such as Influenza (flu). High fever in pregnancy MAY be associated with an increased risk of birth defects, miscarriage, stillbirth and preterm birth.

By signing below, I/we agree to the following statements:

1. The risk of COVID-19 on pregnancy, if any, are unknown but could include and are not limited to, birth defects, miscarriage, stillbirth or preterm birth.
2. My/our treatment cycle may be cancelled due to new regulations at the local, provincial or federal level.
3. If I am directly exposed or diagnosed (even if “under investigation”) with COVID-19, or have symptoms with any febrile illness or have flu like symptoms which could possibly be COVID-19 my/our treatment cycle may be cancelled.
4. My/our treatment cycle may be cancelled if the MUHC Reproductive Centre is not able to continue due to staff or supply shortages.
5. MUHC Reproductive Centre does not offer COVID-19 tests. If I /we have any symptoms listed on the Quebec Public Health website, I/we will contact 1 877-644-4545 (Public Health infoline)
6. I/we have discussed the risks of COVID-19 with my/our provider, have had a chance to ask questions and they have been answered to my/our satisfaction. I/we understand that new information might become available as we continue to learn more about the virus.

\_\_\_\_\_  
*Patient / Intended Parent #1  
Name (Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Place (City)*

\_\_\_\_\_  
*Date (YYYY/MM/DD)*

\_\_\_\_\_  
*Spouse/ Partner / Intended Parent #2  
Name (Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Place (City)*

\_\_\_\_\_  
*Date (YYYY/MM/DD)*