

# Irving M. Luftig B.Sc., D.P.M

## Podiatric Medicine and Surgery

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### **COVID-19 Pandemic Emergency Podiatry Treatment Consent Form**

I, \_\_\_\_\_, knowingly and willingly consent to having Podiatry Care completed during the COVID-19 pandemic.

I understand the COVID-19 virus has an incubation period during which carriers of the virus may not show symptoms and still be contagious. It is impossible to determine who has it and who does not, given the current limits in the virus testing.

- I understand that there is an elevated risk of contracting the virus by being in the office even with our high levels of sanitization and sterilization. \_\_\_\_ (Initials)
- Podiatry visit are limited to the treatment of pain, infection, wounds, conditions that significantly inhibit normal operation of the feet, and issues that may cause anything listed above for the time being. \_\_\_\_ (Initials)
- I confirm I am seeking treatment for a condition that meets these criteria. \_\_\_\_ (Initials)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- OR any other symptoms covered by the recent Ministry of Health guidelines

\_\_\_\_ (Initials)

Our current public health guidelines in Ontario recommend social distancing of a least 6 feet, enforced self-isolation protocol for anyone that has returned from travels including, international and interprovincial. This also applies to those who have been in contact with someone that should be following self-isolation protocols. \_\_\_\_ (Initials)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date