**Dept of Psychology, McGill University**

**Return-to-work Consent Form: please return this document to ao.psych@mcgill.ca**

To be completed by each individual who is requesting access to Psychology space in 2001 McGill College or in Stewart Biology Bldg:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role / Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McGill ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date this form is completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building and Rooms requested to visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number I will have with me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this document, I indicate each of the following:

a) I freely choose to visit the research space identified above;

b) I can travel to/from work without undue risk to myself or to others;

c) I agree to abide by building and university guidelines regarding social distancing, wearing of PPE, and cleaning shared surfaces, as outlined at <https://www.mcgill.ca/coronavirus/resources/directives-preventing-spread-covid-19-campus>;

d) I agree to abide by the work shifts for our lab as outlined in the Faculty-of-Science-approved “Research Activities” document;

e) I agree to cancel my visit in the event I have not been free of COVID-related symptoms for 14 days prior to my scheduled visit; and

f) I agree to keep the cell phone number listed above with me during my visit.

My remaining concerns are (complete as needed):

My consent is applicable only for the period of time defined by the following dates:

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below indicates my agreement to the guidelines outlined on this page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Signature of faculty member (required if applicant is not a faculty member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_