

Consent Form

Prior to your appointment, please confirm the following:

You, by your signature, attest that you:

- Are not currently ill, have a fever, cough, shortness of breath or any other signs of a respiratory illness.
- Have not been in contact with or have been in close proximity to a person who is known to be ill or has a confirmed diagnosis of the novel coronavirus/COVID-19.
- Have not tested positive in the last six (6) weeks, or are not currently awaiting test results for COVID-19.
- Are aware of the potential risks associated with and related to the novel coronavirus/COVID-19.
- Acknowledge that we request that you follow the stated CDC and local guidelines and protocols.
- Hereby waive any and all rights, claims, complaints, suits against our establishment related to the novel coronavirus/COVID-19.
- Acknowledge that no party from our establishment has provided you with any legal or medical advice or guidance regarding the risks as it pertains to the potential spread or transmission of any illness including the novel coronavirus/COVID-19.
- Understand that all parties also agree to inform each other should any party become ill or test positive for the novel coronavirus/COVID-19.

Acknowledged and agreed to:

Signature: _____ Date: _____

Print Name: _____