

Dr. Mark Lisch

Patient Acknowledgement to Receive Treatment during COVID-19

The CDC recommends postponing all nonessential or elective healthcare visits and group-related activities, and states are mandating the provision of emergency services only.

- While our office complies with Federal, State Health Department, and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees about your health and safety.
- I hereby acknowledge and understand that there may be an increased risk that COVID-19 may be transmitted in any place of public accommodation, which includes my physician’s office. I have been informed by my physician of their desire to protect their patients, staff and the community at large.

To the best of our knowledge, Dr. Mark Lisch and his staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of healthcare services, other persons (including other patients) could be infected, with or without their knowledge.

As a prerequisite to receiving care/treatment, we are asking our patients and their accompanying party(s) to complete the screening attestation form below.

Attestation: Circle if you are: **Patient or Accompanying Party**

Each complete their own Attestation

In the last 48 hours have you experienced:

	Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Any shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Dry cough	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Los of taste and/or smell sensation	<input type="checkbox"/>	<input type="checkbox"/>

WITHIN THE LAST 14 DAYS have you:

Travelled to a foreign country	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled within the US via:		
Airplane	<input type="checkbox"/>	<input type="checkbox"/>
Cruise ship	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>

If yes, to any of the above questions, please explain: _____

I have been practicing all current CDC guidelines with respect to “social distancing” and have NOT been in contact with a person who had a positive test for COVID-19 or suspected to be positive.

Accompanying Party name: _____
Date: _____

Accompanying Party signature: _____

I have been practicing all current CDC guidelines with respect to “social distancing” and have NOT been in contact with a person who had a positive test for COVID-19 or suspected to be positive.

I hereby consent to the treatment proposed by my physician.

Patient’s name: _____
Date: _____

Patient’s signature: _____

Physician’s name: Dr. Mark Lisch _____
Date: _____

Physician’s signature: _____

Date Implemented: _____

Date Reviewed: _____