Patient Advisory and Acknowledgment

Receiving Medical Treatment During the COVID – 19 Pandemic

Dear Patient,

You have come to our office today for a routine medical evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following: While our office complies with 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. Our 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 public accommodation, other persons (including other patients) could be infected, with or without their knowledge. In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our staff, other patients and yourself, please be truthful and candid in your answers.

Print Name:_____ Sign Name:_____ Date:_____

Please Circle "YES" or "NO" and then initial below your answers:	**DATE:** _____	_____	_____	_____	_____
Have you been diagnosed with the COVID-19 virus within the last 14 days?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Are you currently awaiting the results of a COVID-19 Test?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have a fever?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have any shortness of breath?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have a dry cough?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have a runny nose?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have a sore throat?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Have you experienced headaches, fatigue, or weakness?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Have you lost your sense of taste and/or smell?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Within the last 14 days, have you traveled to any foreign country?	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Initial Below Your Answers:	_____	_____	_____	_____	_____