



Upright MRI's main priority is to ensure the safety of our patients and staff. We are closely monitoring the developments regarding the coronavirus (COVID-19) and we are continuing to work in accordance with all CDC and local state guidelines.

All common surfaces and imaging equipment is wiped down with a medical grade disinfectant between every patient and all staff members continually wash and/or sanitize their hands.

If you answer yes to any of the following you will be asked to reschedule your appointment.

Do you have?

YES NO

Fever, fatigue, dry cough, shortness of breath, muscle or body aches, loss of taste or smell, nausea, vomiting or diarrhea.

Other flu like symptoms or respiratory symptoms.

Have had close contact with someone known to have any of the above symptoms or has been diagnosed with coronavirus (COVID-19) in the last 14 days.

Have you been fully vaccinated? (At least 2 weeks after your last dose) *Optional

YES NO

By signing below I acknowledge that I do not have COVID-19 symptoms and that I hold Upright MRI harmless for any potential exposure to COVID-19. I understand that it is my responsibility to protect myself from exposure and that while at Upright MRI I will maintain social distancing and wear a mask when unable to social distance. In the event that I should acquire COVID-19, I acknowledge that it is my choice to attend my appointment and assume any and all risks associated with leaving home and arriving for my appointment. I will not hold Upright MRI responsible for any issues related to COVID-19.

We appreciate your understanding and cooperation.

X _____
Signature

Date