Soulful Wellness, LLC

30101 Town Center Drive, Ste. 113

Laguna Niguel, CA 92677

(949) 233-1752

***Coronavirus Attestation & Consultation Consent***

1. Have you had in the last 14 days, a fever, cough, sore throat, loss of smell or taste or other cold or flu symptoms? \_\_\_\_\_Yes \_\_\_\_\_No

2. To the best of your knowledge, have you been in direct contact with someone who has a confirmed diagnosis of COVID-19 or presumptive positive COVID-19 test result in the last 30 days? \_\_\_\_\_Yes \_\_\_\_\_No

3. Have you or anyone living in your immediate household traveled outside of the state of California in the last 30 days? \_\_\_\_Yes \_\_\_\_\_No

*Please read and initial the following*:

\_\_\_\_\_I have read the above and answered the health questions honestly and to the best of my knowledge.

\_\_\_\_\_I understand that Soulful Wellness, LLC, it’s owner, doctors, consultants, office partners and staff are taking precautions to limit any personal exposure I may have to the COVID-19 virus.

\_\_\_\_\_I understand that there is no definitive way to eliminate potential exposure by one hundred percent.

By signing this form, I agree that I will not hold Soulful Wellness, LLS, it’s owner, doctors, or any of the consultants, office partners or staff personally responsible should I, or someone I come into contact with, become positively or presumptively positively diagnosed with the COVID-19 virus. There are certain risks associated with a naturopathic, holistic health consultation during a pandemic and I assume full responsibility for personal illness that may result and further release and discharge Soulful Wellness, LLC, it’s owner, doctors, consultants, office partners and staff for injury, loss or damage arising our of my visit(s). I understand that COVID-19 infection can lead to illness, disability, or even death. I knowingly take the risk of exposure as I deem my naturopathic and holistic health consultation to be essential to my personal overall health and well-being and I consent to consultation with Soulful Wellness, LLC.

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Printed Name Date of Birth

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Signature (if over 18) or parent/legal guardian Date

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If signed by parent/legal guardian, print name Relationship