



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.

Effective October 1, 2021, our staff members have been vaccinated against COVID-19 or have documented contraindications to vaccination.

Patient/Responsible Party _____ Date _____

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS TO THE FOLLOWING QUESTIONS:

Have you been diagnosed positive for the COVID-19 virus at any time? Yes No

Are you currently awaiting the results of a COVID-19 test? Yes No

Have you been exposed to anyone who has been diagnosed with COVID-19 in the past 21 days? Yes No

Do you have a fever? Yes No

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Do you have any shortness of breath? Yes No

Do you have a dry cough? Yes No

Do you have a runny nose? Yes No

Do you have a sore throat? Yes No

Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies? Yes No

Have you experienced headaches, fatigue, or weakness? Yes No

Have you lost your sense of taste and/or smell? Yes No

Have you visited or received treatment in a hospital, long-term care facility, or other health care facility in the past 30 days? Yes No

Are you or anyone in your household a health care provider or emergency responder? Yes No

Within the last 21 days, have you travelled within the United States or to any foreign country? Yes No

If so, where? _____