



## 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, please confirm the statements below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Please **use the following statements as guidelines for future appointments as well**, and provide as much notice as possible when you need to cancel/reschedule due to COVID-19 symptoms or positive test results. We thank you for your cooperation.

#### I declare that

I have NOT tested positive for COVID-19 in the last 5 days, nor am I waiting for test results;

AND

I am NOT symptomatic with fever, shortness of breath, dry cough, runny nose, sore throat, or *unusual* headaches, fatigue or weakness.

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**PATIENT / RESPONSIBLE PARTY**

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**DATE**