

Informed Consent

Due to the 2019-2020 outbreak of the novel corona virus, covid-19, we recommend taking extra precautions with the intake of each client, health history review, and sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of covid-19 may include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pains
- Headache
- Sore throat
- New loss of taste or smell
- Bowel disorders
- Red spots between toes

I, _____ agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with covid-19 within the last 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for covid-19 infections within the last 30 days.

Our therapist and all employees of this facility agree that they abide by the same standards and affirm the same. We also affirm that we have improved and expanded our sanitation and disinfecting protocols to more thoroughly fight the spread of covid-19 and other communicable conditions.

Signature _____

Date _____