



CLIENT PRECAUTIONARY CORONAVIRUS LIABILITY RELEASE FORM

Due to the outbreak of the novel Coronavirus (COVID-19), we are taking extra precautions with the intake of each patient, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever (temperature 100.4 or above) and/or Chills
- Fatigue
- Dry cough/Sore throat
- New loss of taste or smell
- Headache

I, _____ (client name) 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 been diagnosed with COVID-19 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 14 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 14 days
- I understand that this business and our provider(s) cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each patient

By signing below, I agree to each above statement and release the provider(s) and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your provider and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded the sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Client Signature _____ Date _____