

SCREENING QUESTIONNAIRE & ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

Progress MD
5461 McKenna Square, Suite 201, Amarillo, Texas, 79119
(806)410-2020 | info@progressmd.com

Do you have any of the following?

- Fever Over 100°F
- Cough | Chills
- Repeated Shaking with Chills
- Muscle Pain | Headache
- Sore Throat | Shortness of Breath (Not Severe)
- New Loss of Taste or Smell

In the last 14 days have you?

- Have contact with someone diagnosed with COVID-19?
- Traveled through an airport, bus or train station?
- Been exposed to an individual who has traveled to any high risk COVID-19 areas?
- Been exposed to someone with laboratory confirmed COVID-19 infection, somebody who has been told by their physician/or health department to quarantine for 2 weeks or person under investigation (PUI) for COVID-19?

If you have marked any of the items above – we recommend that you are medically cleared by your Primary Care Physician and or your Local Health Department before rescheduling your appointment. Unless you have a legitimate negative coronavirus test result you can share with us that is recent within the time your symptoms appeared.

Being untruthful about these items above will put our entire team at risk and if we find that you have not been forthright we will no longer see you as a patient in our facility. This is not a time to put your elective procedures if you are not applicable via the questionnaire above to negate the safety and well being of our team and or those who will also be in and out of our office. Until we are no longer in a state of declared emergency we will screening all patients for every appointment in our facility.

Signature of Parent/Guardian: _____ Date: ____ / ____ /2020

Print Name of Parent/Guardian: _____ Date: ____ / ____ /2020

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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Progress MD (“our facility”) has put in place preventative measures to reduce the spread of COVID-19; however, our facility cannot guarantee that you or your household child(ren)/or family will not become infected with COVID-19. Further, attending/entering our facility could increase your risk and your child(ren)/ or families risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending/entering our facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at our facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, our facility, our facility employees, and other patients/clients who are also in our facility following guidelines as well.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren)/or family may experience or incur in connection with my attendance/entering our facility (“Claims”). On my behalf, and on behalf of my children/family, I hereby release, covenant not to sue, discharge, and hold harmless Progress MD our facility, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of our facility, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending/entering our facility.

Signature of Parent/Guardian: _____ Date: ____ / ____ /2020

Print Name of Parent/Guardian: _____ Date: ____ / ____ /2020