COVID-19 Pandemic-Patient Disclosures

Our practice wants to ensure you are aware of the relative risks of exposure to COVID-19 associated with receiving treatment. This practice has always followed the applicable state and federal regulations and recommendations regarding infection control, sterilization, disinfection, and the use of PPE (personal protective equipment). We also work to protect our patients and office staff from virus spread by promoting frequent hand washing and office cleaning, using PPE for patient encounters, and adding additional environmental controls in the treatment areas.

Although we are using enhanced infection control measures in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing during treatment or for you to wear a mask during treatment. This means that the risk of exposure to COVID-19 remains when receiving treatment during the pandemic.

COVID Health History

Have you tested positive for COVID-19 in the last 2 weeks?	YES	NO
Have you ever been hospitalized for COVID-19 treatment?	YES	NO
Have you been tested for COVID-19 and are awaiting results?	YES	NO
In the last 14 days, have you been in contact with someone who has tested positive or COVID-19?	YES	NO
Have you traveled outside tFlorida within the past 14 days?	YES	NO

Symptoms – Today, or in the last 14 days:

Do you have a fever or above normal temperature?	YES	NO
Have you experienced shortness of breath or had trouble breathing?	YES	NO
Do you have a cough,?	YES	NO
Have you had any other flu-like symptoms, such as upset stomach, headache, or fatigue?	YES	NO
Have you recently lost or had a reduction in your sense of smell?	YES	NO

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

_____   _____
Signature   Date