



## COVID-19 INFORMED CONSENT

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I understand that there is a risk of exposure to the virus that causes COVID-19 while at this practice. I understand that this practice follows CDC guidance for COVID-19 prevention, but that risks inherently exist. By coming to an appointment, I acknowledge that PDX Points has taken every precaution possible to ensure my safety, but I accept responsibility for my own health and safety.

**When attending appointments at this practice I agree:**

- 1.) to monitor my own symptoms and to notify my practitioner if I experience one or more of the following symptoms before or after a visit: cough, fever or chills, shortness of breath, fatigue, muscle or body aches, headache, congestion or runny nose, new loss of taste or sense of smell, nausea or vomiting, or diarrhea
- 2.) for my symptoms to be checked prior to admission to the building during local covid surges
- 3.) to wear a mask, preferably KN95
- 4.) to wash my hands immediately after arrival
- 5.) to keep 6' distance between myself and others during local covid surges
- 6.) to avoid social gatherings when CDC and state mandates call for it
- 7.) to notify my practitioner when/if I have received the COVID-19 vaccination(s)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_