



**PATIENT ADVISORY AND ACKNOWLEDGMENT
Receiving Medical Treatment During COVID-19 Pandemic**

Dear Patient:

You have presented to the office today because you have an urgent medical condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates. Please be advised of the following:

While our office complies with State Health Department and the Center for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

FEVER	_____	Yes	_____	No
SHORTNESS OF BREATH	_____	Yes	_____	No
COUGH	_____	Yes	_____	No
RUNNY NOSE	_____	Yes	_____	No
SORE THROAT	_____	Yes	_____	No
KNOWN COVID EXPOSURE	_____	Yes	_____	No
POSITIVE COVID-19 TEST (in the last 14 days)	_____	Yes	_____	No

Patient or Guardian Signature

Date