



## COVID-19 Pandemic Consent Form

Patient Name (please print): \_\_\_\_\_

I, knowingly and willingly consent to any treatment at Transformations during the COVID-19 pandemic.

\_\_\_\_\_  
*Initial Here*

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms, but still be highly contagious. As a result, it is impossible to determine who has the virus and who does not given current testing limitations.

\_\_\_\_\_  
*Initial Here*

I understand that, due to the frequency of visits to Transformations by other patients, the characteristics of the virus and the characteristics of treatments, bringing children to appointments, they have an increased risk of contracting the virus by being present at Transformations.

\_\_\_\_\_  
*Initial Here*

I confirm that I am NOT experiencing any of the these COVID-19 symptoms:

- Fever
- Shortness of Breath
- New loss of sense of taste or smell
- Dry cough
- Chills
- Sore throat

\_\_\_\_\_  
*Initial Here*

I agree to follow all of Transformations rules with respect to efforts to prevent the spread of the virus, including social distancing and the wearing of a mask at all times while in the office.

\_\_\_\_\_  
*Initial Here*

I confirm I have not traveled outside of the United States or traveled domestically via airplane, train, or bus within the past fourteen (14) days.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*