

Sheila A Fay, LicAc Balanced Life Healing CoVid-19 Advisory and Acknowledgment

Receiving Medical Treatment During the COVID-19 Pandemic

Dear Patient:

You are coming to my office for a routine medical evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

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

I am 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, I am asking you several "screening" questions below. For all of our safety, please be truthful and candid in your answers.

PLEASE ANSWER "YES" OR "NO" WITH A "x" TO THE FOLLOWING QUESTIONS:

Have you been diagnosed positive for CoVid-19 at any time? YES NO

Are you currently awaiting the results of a CoVid test? YES NO

Do you have any of the following: YES NO

Fever? YES NO

Shortness of Breath? YES NO

Dry cough? YES NO

Sore throat? YES NO

Do you have sneezing, watery eyes, and/or sinus pain/pressure
that is unusual and not related to seasonal allergies? YES NO

Do you have headaches or fatigue? YES NO

Have you lost your sense of taste and/or smell? YES NO

Within the last 14 days have you travelled within the United States
or to any foreign country? YES NO
If so, where? _____

Please confirm that you will provide and wear a mask for the duration of your treatment. YES

Signature of Patient/Responsible Party

Date