



Due to the outbreak of the Novel Coronavirus, COVID-19 Pandemic we are taking extra precautions with the intake of each patient, health history review as well as sanitation and disinfecting practices. For the safety as well as our own personal safety. Please carefully read and sign below if you are showing any symptoms, we ask that you not come into the building and call to be rescheduled.

WAIVER LIABILITY:

I knowingly and willingly consent to have clinical appointment done at Homefield Health during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not or if they have been exposed to the virus given the current limits in virus testing.

I understand that that due to the frequency of visits of other clients, the characteristics of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not or if they have been exposed to the virus given the current limits in virus testing.

I understand that the CDC and other guidelines are to be 6 feet apart and that in the personal care industry this is not possible but I'm willing to take this risk.

I confirm that I am not presenting any of the following symptoms of COVID-19 and that I do not have a family member or close contact or anyone else that has in last 14 days that are listed below.

Fever or temperature

Shortness of breath

Loss of sense of taste or smell

Dry cough

Runny nose

Sore throat

I verify that I have not traveled in the last 14 days and none of my family members or other I live with have.

To prevent the spread of the contagious viruses and to help protect each other. I will follow Homefield Health strict guidelines. And truthfully say if I am sick at all or any family members or others, I live with are.

By signing below I have carefully and fully read and agree to each and every statement that is listed above and release Homefield Health, all owners, and workers from all and any liability for the unintentional exposure or harm due to COVID-19 this includes all medical expenses, loss of work, etc.

I agree that this Agreement is binding upon me, and my heirs, legal representatives, and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement. And they sign below also with the minor.

Signature of patient/guardian/representative