

COVID Safety Checklist

To obtain services in person, we agreed to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. If you are not able to affirm compliance with these safeguards, telehealth is an option to be employed today. Initial each item to indicate adherence:

- I am symptom-free/COVID free. _____
- I took my temperature before coming today, and it was within normal range. _____
- I don't know my temperature so I will use your digital laser thermometer before we begin. _____
- I will wash my hands or use hand sanitizer when I enter your office. _____
- I will wear masks in all areas of the office _____
- We will keep a distance of 6 feet, and there will be no physical contact (e.g., no shaking hands). _____
- I will try to avoid touching my face or eyes with my hands. _____
- I have taken steps between appointments to minimize my exposure. _____
- My job hasn't exposed me to anyone infected with COVID. _____
- I have followed CDC guidelines since our last meeting. _____
- No one whom I live with nor have close contact with has symptoms of nor has tested positively for COVID. _____

Your signature below shows that you are complying with these terms and conditions.

Signature _____

Date: _____