COVID-19 PATIENT EDUCATION ACKNOWLEDGEMENT FORM

Patient Name:____ **Date of Birth:**____________

COVID-19:

- Is a new disease with no treatment.
- Spreads easily from person to person.
- Can be spread to others even if you do not feel sick.
- Has spread all over the world.
- Is a public health emergency.
- Has caused equipment shortages.
- Has strained the healthcare system.

To try to stop the spread of COVID-19, we:

- Require anyone who enters the office to wear a mask.
- Screen staff, patients and patient escorts for COVID-19.
- Limit the number of patients and visitors in the office at a given time.
- Clean and disinfect surfaces between each patient and at the end of the day.
- Have installed physical barriers such as sneeze guards, between patients and staff.

I understand that I:

- Must be honest when I answer screening questions.
- Must wear a mask to enter the office.
- May be asked to stay at home if I am sick.
- May be asked to take a COVID-19 test if I have COVID-19 symptoms.

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Patient, Parent, or Legal Representative Signature Date and Time

If you are a legal representative, how are you related to the patient?

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