

Patient Treatment Consent Form - COVID-19 Pandemic

Patient Name: _____ Date: _____

- I understand the novel corona virus causes the disease known as COVID-19.
- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- I understand that due to the frequency of visits of other chiropractic patients, the characteristics of the novel corona virus, and the characteristics of chiropractic procedures, that I have an elevated risk of contracting the novel corona virus simply by being in a chiropractic office.
- I consent to have my temperature checked with contactless thermometer

Temperature: _____ (Initial) _____

1. Have you tested positive for Covid 19 in the past 10 days, or have been told to self isolate?
(**REQUIRED**) YES NO

2. Have you had close contact with a confirmed case without wearing the appropriate PPE?
(**REQUIRED**) YES NO
 Exempt - I have had contact but I am fully vaccinated and not required to quarantine
(Fully vaccinated is defined as having 2nd shot 2 or more weeks previous)

3. Do you have any of the following symptoms?
(**REQUIRED**) YES NO

- Chills / Fever >38°C
- New onset of Cough or Chronic Cough
- Loss of Smell or Taste
- Shortness of Breath or Difficulty Breathing

Adults (over 18)

- Unexplained Fatigue or Muscle Aches

Children (under 18)

- Flu-like Symptoms - Nausea, vomiting, diarrhea

4. Have you travelled outside of Canada in the past 14 days?
(**REQUIRED**) YES NO

Exempt - I recently travelled but am exempt from quarantine as I am fully vaccinated
(Fully vaccinated is defined as having 2nd shot 2 or more weeks previous)

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5. I was able to answer NO or EXEMPT to all of the above questions
 If I answered YES to any of the above questions I will need to reschedule my appointment

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6. I verify the information I have provided on this form is truthful and accurate.
 I knowingly and willingly consent to have a chiropractic treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

DATE