**COVID-19 Acknowledgement for Medical Practices**

COVID-19 is a highly contagious disease that can lead to severe illness and death.

According to the Centers for Disease Control and Prevention, senior citizens and individuals with underlying medical conditions are especially vulnerable. (For a list of underlying medical conditions, see https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)

We are following safety recommendations to help prevent the spread of COVID-19, and we ask that our patients also follow safety precautions (such as social distancing and wearing facemasks when possible).

However, there is still an inherent risk of exposure to COVID-19 even when following the recommended guidelines.

By signing this form, you acknowledge and understand there is a possibility of contracting COVID-19, and you agree to continue with this office visit.

/ /

Patient Signature (or Signature of Person Completing Form if Not Patient\*) Date

\*Relationship to patient: □ Parent □ Legal Guardian □ Other: