



COVID-19 DISCLAIMER AGREEMENT

Please **read, print, and sign this document on the morning of your appointment.**

What we need you to do:

If you are feeling unwell on the morning of your appointment, please call to reschedule!

Please call us from your car when you arrive. We'll tell you if it is okay to enter the Center.

If there isn't enough space to maintain physical distancing in the waiting room, we'll ask you to wait in your car. We'll notify you when you can enter. **NO WALK INS AT THIS TIME.**

Please have all of your paperwork filled out *before* you arrive: INCLUDING THIS COVID-19 DISCLAIMER AGREEMENT. All forms can be found on our website www.ChesapeakeHolistic.com under "Forms."

You are required to wear a mask for the duration of your appointment. Upon entering the waiting room, you will be asked to use the hand sanitizer station. Your practitioner will then take your temperature and pulse ox before taking you back to the practice rooms.

****If your temperature is over 100 degrees and/or pulse ox below 95%, you will be asked to reschedule your appointment.***

Please enter the Center alone, unless you accompany a person who requires assistance. If someone is with you, they are welcome to sit in one of the chairs outside, or walk on the new trail right in front of our building.

On the morning of your office appointment, I am acknowledging the following:

- I am **not** (nor is anyone in my household) experiencing any of these symptoms:
 - Fever or chills
 - Shortness of breath or difficulty breathing
 - Body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea, vomiting, or diarrhea
- I have **not** knowingly been in contact with anyone diagnosed with COVID-19.
- I have **not** (nor has any member of my household) traveled outside of the country in the last 14 days.
- I have **not** (nor has any member of my household) been diagnosed, tested positive, or quarantined in the last 14 days for COVID-19.

By signing this document, you acknowledge the above.

You also agree that CHHC has followed recommended COVID safety practices and that you will not hold CHHC responsible in the event you experience any COVID-19 symptoms.

Name (print)

Signature

Date