

Screening and Informed Consent - COVID-19

Vaccination Status: Brand _____
Date of most recent vaccine dose _____ Is this 1st or 2nd dose? _____

Do you or anyone in your household currently have a fever (100.4 or higher)? _____

Do you or anyone in your household have a new cough, shortness of breath or difficulty breathing that cannot be attributed to another health condition? _____

Do you or anyone in your household have chills, sore throat or loss of taste or smell that cannot be attributed to another health condition? _____

Do you or anyone in your household have new muscle aches that cannot be attributed to another health condition, specific injury, or physical exercise? _____

Are you or anyone in your household awaiting COVID-19 test results? _____

Have you or anyone in your household had a positive COVID-19 test within the past 10 days? _____

Have you had close contact (within 6 feet for more than 15 cumulative minutes) with someone in the past 14 days with suspected or confirmed COVID-19? _____

Do you agree to notify EvolveAll immediately if you are suspected of or test positive for COVID-19 within 14 days after your appointment?

I agree / I do not agree (*circle one*)

I, _____ (*print name*) understand that I am voluntarily returning to participate in EvolveAll services. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing.

I recognize that Emerson Doyle and EvolveAll are closely monitoring this situation and have put in place reasonable preventative measures recommended by the CDC and Virginia Governor's office aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this activity. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective activity.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE RETURN OF MYSELF TO ENGAGE IN SERVICES AT EVOLVEALL.

CLIENT (*signature*)

DATE