

COVID-19 Consent to Treatment Form Patient Advisory & Acknowledgement

NAME: (Please Print) _____

You have presented to A Woman's Image, LLC for fitting, delivery or consultation for post mastectomy supplies or specialty garments, wig services, or cosmetology services. While this office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

The staff at A Woman's Image is symptom-free, and to the best of their knowledge, has not been exposed to the virus. However, since this is a place of public accommodation, other persons (including other clients) could be infected, with or without their knowledge. In order to reduce the risk of spreading COVID-19, we are asking several screening questions. **For the safety of your fitter, other patients, and yourself, please be truthful and candid in your answers.**

We will be contacting you two weeks from your appointment date to follow up on your current health.

Please circle appropriate answer:

1. Do you have a fever? **Y N** Temperature at time of visit to office: _____
2. Do you have shortness of breath? **Y N**
3. Do you have a dry cough? **Y N**
4. Do you have any other flu-like symptoms? **Y N**
5. Have you experienced any loss of taste or smell? **Y N**
6. Have you had contact with any confirmed COVID-19 positive people? **Y N**
7. Within the last 14 days have you travelled to any foreign country? **Y N**
8. Within the last 14 days have you traveled within the US? **Y N**
Location of travel: _____
9. If Yes to any of above, what action was taken? _____

I acknowledge I **will not** hold A Woman's Image liable for any medical complications that may arise from my appointment today including COVID-19.