

Thank you for your continued trust in our practice. As with the transmission of any communicable disease, like a cold or the flu, you may be exposed to COVID-19, known as “Coronavirus,” at any time or in any place. Be assured that we have always followed state and federal regulations and disinfection protocols to limit transmission of all diseases in our office and continue to do so. Understanding the unique nature of COVID 19, we have implemented the following office procedures:

* Physical therapists and staff will wear masks
* We will limit the number of patients in the clinic at any one time
* We will disinfect all contacted surfaces after each patient visit
* We will continue our practice of regular handwashing/use of hand sanitizer
* We have rearranged our entrance and exit procedures to maintain social distance between patients.
* Physical Therapists and staff will have temperatures monitored daily.

We share the responsibility of minimizing risk of transmission of COVID 19 with our patients. Please sign below acknowledging this.

I, the undersigned patient, understand and agree to comply with the policies in place while in the clinic. This includes waiting to enter the clinic until instructed to do so by a staff member, wearing a mask at all times when in the clinic, washing hands and having my temperature assessed upon entry to the clinic for each visit, and cancelling my appointment if I have symptoms associated with COVID 19.

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Patient Signature Date

I understand that the modality of Physical Therapy is one in which close physical contact is necessary. I understand that all staff and Therapists at Waldron’s Peak and Sirona Physical Therapy are complying with the CDC and WHO recommendations, as well as those of the local and State government agencies. I understand the risks associated with close contact with other persons during this pandemic, and consent to treatment at this time with the stipulations that both parties, patients and staff of Waldron’s Peak and Sirona Physical Therapy, comply with all Public Health guidelines.

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Patient signature Date