

## **COVID-19 Liability Release Waiver**

Due to the recent outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every patient to include health history review and enhanced sanitation/disinfecting/distancing procedures in compliance with the CDC guidelines.

Symptoms of COVID-19 include but are not limited to:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that COVID-19 infection could be serious and could result in long term organ damage and even death.
- I understand that these enhanced procedures may not prevent me from getting exposed to or contract the COVID-19 virus.
- I affirm that I was given the opportunity to inquire and to ask questions about the measures and the enhanced procedures that GNCF has implemented to prevent the spread of COVID-19.
- I affirm that I was given the opportunity for a remote virtual visit with my doctor or with my healthcare provider.

By signing below, I agree to each statement above and release GNCF from any and all liability for unintentional exposure or harm due to COVID-19.

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Patient Name

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Signature

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Date