

COVID-19 Pandemic Acupuncture Treatment Form

I, the undersigned, knowingly and willingly consent to have medically essential acupuncture treatment completed during the COVID-19 pandemic.

I understand the COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

- I understand that due to the frequency of visits of other patients, the characteristics of the virus, and the characteristics of acupuncture procedures, that I have an elevated risk of contracting the virus simply being in an acupuncture office.
- I have been made aware of the CDC guidelines that under the current pandemic all non-urgent procedure is not recommended. Acupuncture visits should be limited to the treatment of pain or conditions that significantly affect well being if left untreated.
- I confirm I am seeking acupuncture treatment for a condition that meets these criteria.

I confirm that I am not presenting any of the following symptoms of COVID-19:-

Fever, Shortness of Breath, Dry Cough, Runny Nose, Sore Throat

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with acupuncture practice.

I verify that I have not traveled outside the USA in the past 14 days to countries or regions that have been affected by COVID-19.

I verify that I have not traveled domestically within the US by commercial airlines, bus or train within the past 14 days to the regions that have been affected by COVID-19

I verify by signing below, I completely agree with all of the above items listed in this form.

Signature: _____

Name: (Print) _____

Date: _____