

PMU PROCEDURE COVID-19 LIABILITY RELEASE

For the health and safety of everyone, please read carefully and answer honestly.

COVID-19 Symptoms Include:

- Fever above 100F
- Chills
- Cough
- Sore Throat
- Shortness of Breath / Difficulty Breathing
- Body Aches / Muscle Pain
- Fatigue
- New Loss of Taste or Smell
- Headache

(Initial) _____ I hereby acknowledge the above symptoms and confirm that I, as well as all members of my household, have not experienced any listed symptoms within the last 14 days.

(Initial) _____ I confirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 30 days.

(Initial) _____ I confirm that I, as well as all members of my household, have not been knowingly exposed to anyone diagnosed with COVID-19 in the last 30 days.

I understand the potential health risks associated with unintentional exposure to the COVID-19 virus. By signing below, I agree to release this facility and its staff from all liability concerning any possible exposure and health risks associated with COVID-19 I may encounter due to my procedure.

Printed name

Signature

Date