



Patient Treatment Consent Form

COVID-19

I, _____ (the patient/guardian), consents to receive treatment from A Nu You during the COVID-19 outbreak.

I understand that based on what is currently known about COVID-19 the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious.

I understand that due to the unknown of the virus and the nature of the procedures performed by A Nu Yu, that I have an increased risk of contracting the virus.

I understand that the symptoms listed below are representative of COVID-19:

- Fever
- Dry Cough
- Shortness of Breath
- Temperature
- Persistent pain or pressure in the chest
- Bluish lips or face

I confirm that I do not display or currently have any of the symptoms that are representative of COVID-19, which are outlines above: _____(Initial)

I understand that all traveling arriving from a country or region with widespread ongoing transmission, as outlined by the CDC, should stay home for 14 days and practice social distancing and monitor their health after their arrival. I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission in the past 14 days. _____(Initial)

Printed Patient Name

Date

Signature of Patient