

## Coronavirus Liability Release Form

**Due to the outbreak of the 2020 Coronavirus, COVID-19 we are taking extra precautions with every patient, employee and vendor as well as sanitation and disinfecting practices. Please review below and sign.**

CDC Guidelines (revised 7/1/2020) state:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I agree to the following statements:

- I understand the above symptoms and affirm that I, as well as household members, do not currently have, nor have experienced the above symptoms in the last 14 days.
- I affirm that I, as well as household members, have not been diagnosed with COVID-19 in the last 30 days.
- I affirm that I, as well as household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as household members, have not travelled out of the country or to any cities considered to be a "hot zone" for COVID-19 within the past 30 days.
- I understand that MIVA Medical, its employees or representatives cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by other patients.

I understand that by entering the clinic for consultation, imaging or procedural therapy, there may be an elevated risk of disease transmission, including COVID-19. By signing the form, I acknowledge that I am aware of the risks involved and give consent for treatment by the physicians and staff at MIVA Medical.

By signing below, I agree to all above statements and release MIVA Medical and their employees, staff, owners, agents and representatives from any and all liability for the unintentional exposure or harm due to COVID-19.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_