

Mandatory Health Declaration

In an effort to keep our patients and our staff safe, we ask that you refrain from visiting our office if you're unable to make this declaration and otherwise agree as follows.

I consent and acknowledge that:

1. In the past 14 days, I have not tested positive for COVID-19 or been in contact with someone who has tested positive for COVID-19.
2. In the past 3 days, I have not experienced symptoms consistent with COVID-19 infection. These symptoms include:
 - Feeling unwell
 - Coughing, sneezing, nasal congestion or sore throat
 - Body aches or chills
 - Shortness of breath or chest tightness
 - Diarrhea or abdominal pain
 - Increased fatigue
 - Lost sense of taste or smell
 - Fever of 100.4 F or higher
3. My temperature will be taken upon my arrival and I agree that if my temperature reads higher than 100.4 at check-in, I will leave the office and agree not to return until I have been fever-free, and otherwise not had symptoms consistent with COVID-19 infection for 3 days.
4. While in Dr. Beth Comeau's office, I agree to abide by social distancing rules and office visit guidelines. I also agree to read and sign a separate COVID-19 Risk Informed Consent Form.

Patient Name

Appointment Date/Time

Patient Signature

Date