



COVID-19 Liability Release Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every patient to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.
- I understand that Center for Total Back Care cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each patient.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

- Social distancing by limiting the amount of patients in the rehabilitation area and therapy bay
- Sanitizing all treatment tables, equipment and surfaces after each use
- Allowing for treatment in a private room if requested
- Making sure that anyone who is exposed to the virus is quarantined for 14 days and has a negative test prior to returning for treatment.

By signing below, I agree to each statement above and release The Center for Total Back Care from any and all liability for unintentional exposure or harm due to COVID-19.

Name: _____ **Date:** _____

Signature: _____