HARTZ Physical Therapy

COVID-19 Informed Consent Form – Caregivers in Office

l,	, knowingly and willingly consent to visit the offices of
	rent patient of HARTZ Physical Therapy during the COVID-
19 pandemic.	
_	ubation period during which carriers of the virus may not
	t is impossible to determine who has the virus and who
does not given the current limits in virus testing	3 .
• • • • • • • • • • • • • • • • • • • •	ely monitoring the COVID-19 situation and has put in place
•	duce the spread of COVID-19. I understand there is a risk
anytime i leave my nouse during a pandemic ar patient of HARTZ Physical Therapy into the office	nd am willing to accept that risk in order to accompany a
patient of HARTZ Filysical Therapy into the only	
	ations should I contract the virus, if I fall into one of the
following categories:	90
1. Individuals with a history of respiratory	
 Individuals with immunosuppression via Individuals over the age of 65. 	a medication of other condition.
3. Marviadas over the age of os.	
$\ \square$ I confirm that I am \underline{not} presenting with any c	of the following COVID-19 symptoms (please check box):
 Fever/Chills 	 Body Aches
Cough/Shortness of Breath	Diarrhea/Vomiting
Sore Throat	 Loss of Taste or Smell
□ I verify I have not tested positive for COVID-	19 within the past 14 days nor have I been in close contact
•	iagnosed with COVID-19 within the past 14 days.
	k of contracting the virus. Because of this, HARTZ PT
travel prior to visiting our office.	om-free for a minimum of 7 days after return from air
traver prior to visiting our office.	
Signature of Caregiver	Date
* This form should be signed at the patient's first visit each we	ek and will stay in effect for the entire week. Should the caregiver discover
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that the attestations on this form are no longer valid, he or she should speak with HARTZ PT staff members immediately.