

COVID-19 PANDEMIC INFORMED CONSENT FORM

I, _____, understand that the World Health Organization has declared COVID-19, a novel coronavirus, to be a worldwide pandemic. I also understand that the President of the United States of America has declared a national emergency concerning the COVID-19 outbreak, and that many local governments are in a state of emergency as well. Further, I am aware of and understand the current recommendations of federal and state health agencies designed to limit the spread of COVID-19, including social distancing, good hygiene practices, good healthcare practices, and other preventative measures.

I recognize COVID-19 may cause a variety of symptoms, such as cough, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, trouble breathing, persistent pain, pressure in the chest, bluish lips or face, and death. I also recognize that exposure to COVID-19 may result in a positive COVID-19 diagnosis, isolation, quarantine, hospitalization, medical testing, intensive care treatment, and other potential complications and procedures.

I understand that COVID-19 has a long incubation period, and that carriers of this disease are highly contagious, may not show any signs of infection, and may even produce a negative test result. I also understand it is believed that COVID-19 is mainly spread from person to person, especially when an infected person coughs or sneezes. I also recognize that COVID-19 is not fully understood, that later research may reveal new symptoms and effects on the human body, and that current preventative measures may later prove inadequate or improper.

Despite the foregoing, I have asked Simplicity Laser to provide me an elective treatment that may not be urgent or medically necessary. I have been given the option to defer my treatment, but I have declined that offer and would like to proceed with my treatment as scheduled.

I understand my treatment may require physical contact with instruments and equipment, as well as minor physical contact from the staff at Simplicity Laser. I have been informed of the preventative measures that Simplicity Laser has adopted to reduce the spread of COVID-19, and I agree they are suitable and appropriate. However, I understand my treatment still carries a risk of COVID-19 exposure or infection. I also acknowledge there is an inherent risk of becoming exposed to or infected with COVID-19 when I enter enclosed buildings, such as Simplicity Laser. I further acknowledge that, if I am infected with COVID-19, my treatment may cause complications to my condition, including death.

For the health and safety of those around me, I confirm and agree to the following:

1. I do not have any of the following symptoms: cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or loss of taste or smell. Initials: _____
2. While at Simplicity Laser, I will comply with all federal and local laws regarding COVID-19, all federal and local recommendations regarding COVID-19, and all Simplicity Laser policies and procedures. Initials: _____

I have been adequately informed about the risks associated with receiving treatment during the COVID-19 pandemic, and I acknowledge and assume all risks, both known and unknown, related thereto. I also give my express permission for the staff at Simplicity Laser to proceed with my treatment.

I have fully read this document, and I understand it in its entirety. My questions and concerns have also been discussed and answered to my satisfaction. I further acknowledge I have been offered a copy of this consent form.

_____ Client/Parent/Guardian Signature	_____ Date	_____ Print Name
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_____ Simplicity Representative	_____ Date	_____ Print Name
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