



1. CONSENT FOR CHIROPRACTIC TREATMENT DURING THE COVID-19 PANDEMIC

I, _____, knowingly and willingly consent for myself or for a minor
_____, under my care, to receive elective or emergency Chiropractic treatment from
_____ (insert practitioner's name) during the COVID-19 pandemic.

- 1.1 I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.
- 1.2 Chiropractic procedures/treatment take place with the patient in very close proximity to the practitioner. This potentially exposes the patient and the practitioner to the COVID-19 virus.
- 1.3 I understand that due to the frequency of visits of other Chiropractic patients, the characteristics of the virus, and the characteristics of Chiropractic practice, that I have an elevated risk of contracting the virus simply by being in a Chiropractic office. _____ (Initial)
- 1.4 I acknowledge that it is still recommended where possible and practical that consultations be held via videoconferencing software or through Telehealth technologies.
- 1.5 I confirm I am seeking treatment for a condition that cannot be done effectively or practically via Telehealth technologies.
- 1.6 I confirm that I am not presenting ANY of the following symptoms of COVID-19 listed below:
 - 1.6.1 Fever
 - 1.6.2 Shortness of Breath
 - 1.6.3 Dry Cough
 - 1.6.4 Runny Nose
 - 1.6.5 Sore Throat
- 1.7 High risk patients related to the severity of COVID-19 are persons over the age of 60 and persons who have pre-existing medical conditions such as: asthma, chronic lung conditions, hypertension, autoimmune diseases, organ transplants, cancer, Immunocompromised, Obesity (BMI over 40) and liver or kidney conditions. I confirm that I do not fall into any of these high-risk categories.
- 1.8 In person consultations and treatment will only be done for high-risk patients if absolutely necessary and in emergencies.
- 1.9 I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold the practitioner and his/her staff blameless should I contract the disease at the offices of the practitioner or from the practitioner or his/her staff members.

2. PRACTICAL GUIDELINES TO THE CONSULTATION

I, _____ have read and understand the practical guidelines as set out hereunder and confirm that I will comply thereto and prepare accordingly.

- 2.1 I will sign all consent forms at home with my own pen and bring the forms to the practitioner's practice, failing which I will not be treated. I may also sign same electronically and email same to the practitioner.
- 2.2 Patients will be phoned and screened before consultations, and requested to take appropriate action if they are presenting with any risk symptoms or history.
- 2.3 Patients will be stopped from entering the practice if the patient hasn't complied with proper control measures.
- 2.4 Patients will not be allowed in the waiting room and will be requested to wait in their cars until called by the practitioner or a staff member to enter the practice.
- 2.5 All patients will be sprayed with hand sanitizer upon entry.
- 2.6 All patients must wear a face mask. Alternatively a face mask will be provided to the patient.
- 2.7 On arrival, patients will again be screened for risk factors including the taking of a temperature.
- 2.8 Between consultations, the necessary hygiene/cleaning protocols will be implemented by the practitioner and/or their staff compliment, and this may cause a delay and prolong waiting periods.
- 2.9 Patients are requested to avoid touching anything inside the practice.
- 2.10 Patients are requested to present themselves without jewelry, as it can be a carrier of infectious droplets.

PATIENT'S SIGNATURE (PARENT/GUARDIAN)

DATE