




Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Primary Symptoms may include:

- New or worsening cough
- Fever
- New or worsening shortness of breath
- Sore throat
- Chills, body aches including headache
- Decrease or loss in sense of smell or taste

Secondary symptoms may include:

- Stuffy nose
- Painful swallowing
- Conjunctivitis
- Gastrointestinal symptoms
- Fatigue
- General Malaise

If you are completing this form electronically, please type the name and date below and use the Sign Document  button to add an electronic signature to the form.

I, _____, accept the following affirmations when engaging in a treatment from _____
(practitioner name)

*I understand the above symptoms and affirm that I, as well as all members of my household do not currently have nor experienced COVID-19 symptoms in the last 14 days

*I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.

*I affirm that, to my knowledge, I have not been in contact with anyone who has been diagnosed with COVID-19.

*I affirm that if I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.

*I understand that Doctors Naturae and my health practitioner (identified above) cannot be held liable should I experience exposure to the virus.

*I understand that manual therapies and any other health practices/treatments involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive treatment.

Signature: _____ Date: _____