



COVID-19 Consent Form

Shylee Skin & Wellness COVID-19 Policy

The following criteria **MUST** be met to be seen at Shylee Skin & Wellness:

1. Must not be experiencing symptoms such as a fever, coughing, shortness of breath, pressure in the chest, loss of smell or taste, or any other flu-like symptoms during the previous week.
2. Must not have been in contact with anyone suspected of COVID-19.
3. Must not have traveled or been out of the country in the previous 2 weeks.
4. In the last 48 hours prior to your appointment, have no more than 3 of the following: new changes in skin (rash, skin discoloration, discoloration of toes), chills/shivering/feeling cold, headache, fatigue, sore throat, nausea/vomiting, diarrhea, nasal discharge/runny nose/congestion, and body/muscle aches.

The following patients are at high risk for COVID-19 complications and should use extra precautions at all times:

1. People aged 65 years and older
2. People with chronic lung disease or moderate to severe asthma
3. People who have serious heart conditions
4. People who are immuno-compromised including cancer treatment
5. People of any age with underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk

COVID-19 Policies - Staff & Clinic

1. All Shylee Skin & Wellness staff will be tested for COVID-19 if they have any suspected symptoms in compliance with the latest federal, state, and local guidelines.
2. If any Shylee Skin & Wellness staff member tests positive for COVID-19, all patients seen within the last 21 days will be immediately notified that they may have been exposed to COVID-19 because a staff member has recently tested positive for COVID-19.
3. If a patient recently seen in the clinic tests positive for COVID-19 and notifies Shylee Skin & Wellness, all patients seen within the last 21 days will be immediately notified that they may have been exposed to COVID-19 and that a staff member or patient seen at the clinic has tested positive for COVID-19.
4. The clinic will close for 14 days (or as directed by current best practice recommendations) if any staff member becomes ill and/or tests positive for COVID-19.
5. Patients will be escorted to a treatment room to wait and all efforts have been taken to minimize any contact with other patients.
6. Only disposable paper products or freshly laundered linens will be used in the treatment room and direct contact areas (door handles, chair, treatment table, headrest, treatment supplies) are sanitized between each patient.
7. Shylee Skin & Wellness will continue to put the health and well-being of the patients first, and we will honor our values of integrity, open communication, and transparency throughout the COVID-19 pandemic.

COVID-19 Policies - Patient Agreement

1. Patients must notify Shylee Skin & Wellness immediately if they test positive for COVID-19 and they have been recently seen in the clinic.
2. All patients will be checked for fever and requested to sanitize their hands upon arrival.
3. Patients must wear a mask upon entering the clinic and during their appointments.
4. No cash or checks will be accepted for the time being. We encourage the use of contactless payment options: Apple, Google or Samsung Pay
5. No guests are allowed (except for guardians and translators who must also pass screening)
6. I understand that Shylee Skin & Wellness will modify normal treatment procedures to minimize risk due to COVID-19. There may be changes to modalities (soft tissue/myofascial/massage, cupping, therapeutic exercise) and also Acupuncture and Chiropractic services.
7. I understand that the only way to minimize your risk of COVID-19 Infection is to stay at home. By electronically typing your name below you are effectively signing this consent. By signing the consent, you acknowledge that despite all the precautions and best practices for prevention, you still are willingly exposing yourself to the risk of possible infection. You hereby release Shylee Skin & Wellness from any liability. You are also agreeing to follow all the policies set forth in this form.

Full Name: _____

Signature: _____

Today's Date: _____