

# COVID-19 QUESTIONNAIRE

Do you have a fever now or have you had a fever in the last 24 hours of 100 degrees or above? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any of the following symptoms now? Have you had any of the following symptoms in the last 24 hours: *(please circle all that apply)*

new onset of cough	runny nose
worsening chronic cough	sneezing (not allergy related)
sore throat	nasal congestion
shortness of breath	headache
difficulty breathing	chills
difficulty swallowing	fatigue
new loss or decrease in sense of taste or smell	
nausea/vomiting/diarrhea/abdominal pain	

In the last 14 days, have you traveled or had close contact with anyone who has traveled in the past 14 days?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the last 14 days, have you had contact with anyone with respiratory illness to a confirmed or probable/suspected case of COVID-19?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered no and have no signs or symptoms, you may come to our office for an appointment. If you have answered yes, please reschedule your appointment.

In addition, if you are diagnosed with COVID-19 at any point in the next 14 days, you must contact our office immediately.

Printed Client Name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## COVID-19 LIABILITY WAIVER

I acknowledge the contagious nature of COVID-19 and I understand that participating in an in-person appointment with Live In Wellness may result in a COVID-19 exposure or infection.

In consideration of my participation in an in-person appointment with Live In Wellness I voluntarily assume the risk, on behalf of myself and my minor child/children, and understand that a COVID-19 exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that becoming exposed to or infected by COVID-19 at the in-person appointment may result from the actions, omissions, or negligence of myself and others, including, but not limited to Live In Wellness's agents and any other persons or entity acting in any capacity on its behalf.

I acknowledge and agree that while participating in the in-person appointment, I will engage in activities, which will involve certain risks and I acknowledge and agree that these risks cannot be eliminated regardless of the care taken to avoid them. I explicitly state that my participation is voluntary, and I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my minor child/children including, but not limited to, personal injury, illness, death, disability, damage, loss, claim, or expense, of any kind, arising from my participation in the in-person appointment.

I understand that pursuant to the safety of public health, my name and contact information may be shared with the state health department or other health governing body, in the event that an agent or other client at Live In Wellness's office tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

### WAIVER OF LIABILITY AND RELEASE

On my behalf, and on behalf of my minor child/children and my heirs, representatives and assigns, I hereby release and forever discharge Live In Wellness from liability from any and all claims resulting in personal injury, illness, death, disability, damage, loss, claim, or expense, of any kind arising from my participation in the in-person appointment, whether or not caused by their negligence, failure to act or other acts. I agree not to sue or make a claim against the Live In Wellness.

### INDEMNIFICATION AND HOLD HARMLESS

I agree to indemnify, warrant, defend and hold Company harmless from any and all claims, legal actions, liabilities, demands, expenses, damages and costs, including attorney's fees, that are connected in any way to my participation in the in-person appointment. This includes, but is not limited to, claims for personal injury, illness, death, disability, damage, loss, claim, or expense, of any kind, regardless of the person or entity at fault. I further agree to reimburse the Company for any and all expenses incurred because of any such claims made against them, including any appeals. In the event of my death or disability, these terms will be binding on my estate, heirs, representatives and assigns.

#### GOVERNANCE AND SEVERABILITY

This COVID-19 Liability Waiver shall be construed in accordance with, and governed by, the laws of the State of Illinois as applied to contracts that are executed and performed entirely in Illinois, regardless of Client's location. The exclusive venue for any legal proceeding based on or arising out of this Agreement shall be Madison County, Illinois.

I acknowledge and expressly agree that this COVID-19 Liability Waiver shall be construed to be as broad and inclusive as is permitted by the laws of the State of Illinois and if any term of this agreement is found to be invalid, void, or unenforceable under applicable law, the other provisions shall remain in full force and effect, and shall in no way be affected, impaired, or invalidated.

#### ACKNOWLEDGMENT

I acknowledge and agree that I have read this COVID-19 Liability Waiver, and I understand that by signing it, I am giving up certain rights, including but not limited to, my right to sue. I acknowledge and agree that I am agreeing to this COVID-19 Liability Waiver freely and voluntarily. I acknowledge and agree that my acceptance of this COVID-19 Liability Waiver is intended as an unrestricted and complete release of all liability to the fullest extent permitted by the law.

\_\_\_\_\_  
Client/Guardian Signature/

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Minor Child Name (if applicable): \_\_\_\_\_

## Live In Wellness

### COVID 19 - Policies and Procedures

1. When entering the building please remain 6ft from any non-family member. Please arrive close to time of your appointment so we can limit exposure.
2. Hand sanitizer will be available in both treatment rooms and at checkout.
4. All NAET vials will be placed in glass jars and all jars will be wiped down with alcohol in between appointments.
5. Prior to all visits a signed COVID-19 wavier and questionnaire will need to be completed for anyone with an appointment.
6. We will be allowing additional time in between clients to wipe down and clean treatment rooms. Please bring only the necessities: paperwork, keys, form of payment, etc.

Your health has always been our priority; we will all get through this together. Please don't hesitate to reach out with any questions or specific concerns.

Thank you for your patience and understanding!