**Precautionary Coronavirus Liability Release Form**

**Due to the 2019-2020 outbreak of the novel coronavirus, COVID-19, we are taking every precaution to ensure safety, health and care of our clients. We are also following the guidelines as given by the Federal and State Government. We are asking you to complete this health history review. We are adhering to the sanitation and disinfecting practices with each client that enters our office.**

**All Clients – Please plan to arrive 15 minutes early for your appointment, as there are steps to follow to ensure all of our health and safety. We do know these guidelines are an inconvenience – Thank You for following them during this challenging period. .**

**1.) Please have these forms filled out prior to your arrival. If you cannot, it is imperative that you enter the building and pick up a clipboard in the lobby that has the forms so you can fill them out as you wait –in your car. All waiting places in/near the office have been removed.**

 **2.) Once you arrive in the parking lot (with the forms) - we will call you on your cell phone for your appointment as we want to be sure to have that area cleaned before your arrival.**

**Prior – to Arrival - Please complete the following and sign below:**

**Symptoms of COVID-19 include (not limited to):**

* **Fever**
* **Fatigue**
* **Dry Cough**
* **Sore Throat**
* **Difficulty Breathing**
* **Runny Nose**
* **Toe Swelling**

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following:**

**I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor experienced the symptoms listed above within the last 14 days.**

**I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.**

**I affirm that I, as well as all household members, have not traveled outside the country, or to any city considered “hot spot” for COVID-19 with the last 30 days.**

**I understand that Global Nutrition cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.**

**By signing below you agree to each statement above and release this business and service provider from any and all liability for the unintentional exposure or harm due to COVID-19.**

**Global Nutrition also abides by these same standards and affirm the same. We affirm that we have expanded our education on the NYS Laws for sanitation protocols to more thoroughly fight and eliminate the spread of COVID-19 and other communicable conditions.**

**Signature: ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_**