



COVID-19 Affidavit and Release of Liability

In our efforts to insure the safety and wellness of our patients, staff and volunteers, we want to insure that Samaritan Dental Clinic patients understand the importance of being healthy when they come to their appointments. Symptoms of COVID-19 can be mild to severe and can include fever, cough, fatigue and shortness of breath. Symptoms may appear 2-14 days after exposure. Persons at greater risk include those over the age of 60 or those who have underlying health issues.

By signing below, I agree to the following:

- 1) I have not experienced any symptoms of illness including fever (100.4 or greater), cough, fatigue, shortness of breath, difficulty breathing, severe headache, chills, repeated shaking with chills, muscle pain, sore throat, or new loss of taste or smell in the last 48 hours.
- 2) No one in my immediate household has experienced any of the above symptoms in the last 48 hours.
- 3) I have not knowingly been exposed to anyone diagnosed with the COVID-19 virus nor currently under quarantine for the virus in the last 14 days.
- 4) I (nor anyone in my household) have not traveled outside the country in the last 14 days.
- 5) If I should begin to feel ill while in the clinic, I will notify a member of the dental team and immediately seek medical help. If diagnosed with COVID-19, I will notify the dental clinic within two days so specific steps can be made to quarantine others that may have been affected prior to that diagnosis.
- 6) I am not awaiting a pending COVID-19 test result.
- 7) I do not have a compromised immune system including but not limited to uncontrolled diabetes.
- 8) I release and hold harmless the Samaritan Community Center (and its employees, volunteers, clients and customers) of any and all liability if I should develop COVID-19.

Printed Name

Date

Signature

Witness