

- I understand that I am opting for an elective procedure during COVID-19 pandemic that is not urgent.

- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing. I understand that possible exposure to COVID-19 before/during/after my treatment/procedure may result in a positive COVID-19 diagnosis, hospitalization, Intestive care, and the risk of death.

- I recognize that Avissa and all the service providers at Avissa are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19 but I understand there is an inherent risk of becoming infected with COVID-19.

- I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:**

Temperature above 99.9 / 37.8 degrees	Muscle aches
Shortness of breath	headache
Dry cough	runny nose
Sore Throat	diarrhea, nausea, vomiting

- I confirm that I have not been around anyone with these symptoms in the past 14 days.**

- I do not live with anyone who is sick or quarantined.**

- I have been given the option to defer my treatment/procedure to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure.

Client's Name	
Client's Signature	Date