Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that in accordance with the guidelines of the CDC (Centers for Disease Control and Prevention) and the KSAA (Kentucky State Acupuncture Association), ***all persons in Five Elephants Acupuncture must wear a face mask.*** Please bring your own (homemade is fine!) or let us know before your appointment if you need one.

**Please answer the following questions. Check all boxes that apply:**

□ Exposure to person with a lab-confirmed case of COVID-19 within the past 14 days

**In the last 48 hours, have you experienced:**

□ Fever over 100.5°F/38°C Current temperature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ New cough, shortness of breath, or difficulty breathing

□ New loss of sense of smell or change in taste

***If you check any of the boxes above, unfortunately we cannot treat you at this time. Please schedule a COVID-19 test if you are experiencing these symptoms.***

**In the last 48 hours, have you experienced:**

□ New changes in skin (rash, discoloration) □ New headache □ New fatigue

□ New chills, feeling cold, or shivering □ Sore throat □ New body or muscle aches

□ New nasal congestion or runny nose □ Diarrhea □ Nausea/vomiting

***If you check one (1) or more boxes above, we may not be able to treat you at this time. Contact me (email*** ***fiveelephantsacupuncture@gmail.com*** ***or call/text 270-559-5906) to discuss. Please schedule a COVID-19 test if you are experiencing these symptoms.***

I acknowledge that the information provided above is correct:

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

Please initial the following items. While on the premises of Five Elephants Acupuncture, I agree to:

\_\_\_\_\_\_\_\_ Bring in as few items (bag, laptop, water bottle, etc.) as possible.

\_\_\_\_\_\_\_\_ Wear a face mask, and to not remove the mask except when directed by staff.

\_\_\_\_\_\_\_\_ Maintain a distance of 6-feet from other persons whenever possible.

\_\_\_\_\_\_\_\_ Wash my hands upon entry to the clinic, after my treatment, before and after using the restroom, and to maintain hand hygiene at all other times by using hand sanitizer or washing.

\_\_\_\_\_\_\_\_ Try to avoid touching both my face and surfaces around the clinic.

\_\_\_\_\_\_\_\_ Practice proper cough & sneeze etiquette by coughing/sneezing into my elbow, and to give warning to others if I am about to cough or sneeze, so that they can maintain a safe distance.

\_\_\_\_\_\_\_\_ Remain in areas designated for my visit, and to not wander about the facility.

\_\_\_\_\_\_\_\_ Immediately notify Five Elephants Acupuncture if I develop symptoms of COVID-19 within 14 days of my last visit.