

We eliminate poverty by empowering families and engaging communities



COVID-19 Waiver & Acknowledgment

There is nothing more important to us than your health and safety during this unprecedented time.

We are taking preventative measures and have implemented protocols, guided by the CDC, to help protect our clients and staff. Among other things, all clients are screened upon arrival for home visits or for their appointment to make sure they are not exhibiting any symptoms. If a client presents COVID-19 symptoms, they will be advised the home visit cannot take place or to return home and contact their primary care physician. It is important that you provide honest answers to the screening questions and that you accurately report your health condition so that we can help protect you and others from the further spread of the virus to the extent possible.

Although we are taking precautionary measures to help minimize the risk of COVID-19 exposure, it is simply not possible to completely mitigate those risks. There is consequently a risk that you could be exposed to COVID-19 during your home visit or a visit to our office and that you could contract COVID-19 either during the course of your visit or while traveling to or from your appointment. The risks of COVID-19 include, but are not limited to, respiratory problems and other complications which could result in death. It is consequently important that you carefully consider the risks and benefits of proceeding with visits with all the staff of CAPLP, given the risks associated with COVID-19.

The CDC recommends that patients who are over the age of 65 or who have health conditions that make them particularly susceptible to complications if contracting COVID-19 to remain at home and to reschedule their appointments for a later date. If you do not feel comfortable keeping your appointment, we will gladly reschedule your appointment for a later date.

Clients who desire to move forward with their services or appointment are being asked to confirm in writing, by signing below, that they are aware of the risks to them of COVID-19 and to acknowledge that they nevertheless desire to proceed with their service or appointment.

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It is important to consider that symptoms may appear **2-14 days after exposure to the virus.**

Client also acknowledges by signature below the following:

- a. I have not traveled to any foreign or domestic areas impacted by COVID-19.
- b. I do not reside with and/or had close contact with someone who has traveled to any foreign or domestic area impacted by COVID-19 within the previous 14 days.
- c. I have not been asked to self-quarantine or self-isolate by any medical provider, or if required to self-quarantine, I have fully complied with the time of self-quarantine or self-isolation and that time has expired.
- d. I have not been diagnosed with, or have had any contact with, anyone who has been diagnosed with COVID-19.
- e. I do not have a fever, chills, cough, or shortness of breath or difficulty with breathing, and am not presently suffering from an elevated body temperature or chills.
- f. I do not have a new cough, shortness of breath or difficulty with breathing or sore throat that I cannot attribute to another health condition.
- g. I am not experiencing a new loss of taste or smell
- h. I do not have new muscle aches that I cannot attribute to another health condition nor a specific activity, such as physical exercise.
- i. I do not reside with or had close contact with anyone who had a fever, cough, or shortness of breath within the last 14 days.
- j. I have not been in a gathering of more than 10 people in the last 14 days.

By my signature below I hereby assume all risk of exposure to COVID and release and hold harmless CAPLP from any and all liability related to exposure to COVID.

Printed Name _____ Date _____

Signed Name _____ Date _____

A complete copy of the CAPLP COVID-19 Reopening Preparedness Plan is available to you upon request.

***NOTE: Please provide HR with a copy of this signed form and place the original in the client case file**