

Pure Spa
79 E Butler Ave
Ambler, PA 19002
215 - 542 - 7873

COVID-19 RISK INFORMED CONSENT & GUIDELINES

I _____ (patient name) understand that I am knowing and willingly giving consent to undergo an elective treatment/procedure at Pure Spa that is not urgent or medically necessary during the Covid-19 pandemic.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization; COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing.

I recognize that all the staff at Pure Spa are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through my choice of this elective treatment/procedure, and I give my express permission for any and all of the staff at Pure Spa to proceed with the elective treatment/procedure.

I understand that 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 the virus testing.

I understand that due to the frequency of visits from other clients and the characteristics of the virus, I have an elevated risk of contracting the virus simply by being in Pure Spa. Please select any of the following symptoms of Covid-19 that you are currently experiencing or have experienced in the last 14 days:

- Fever Shortness of breath Dry cough Runny nose
 Chills Fatigue Body aches Loss of taste or smell
 None of the above

I confirm that I am not experiencing any of the symptoms of COVID-19 listed above. I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care

treatment, the possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure itself.

To prevent the spread of this contagious virus and to help protect myself and others, I understand that I will have to follow Pure Spa's strict guidelines listed below.

COVID-19 APPOINTMENT GUIDELINES:

- Only the client will be allowed into the building during the scheduled appointment, no family members or friends.
- Each client will need to provide their own face mask or face coverings.
- Consent forms can be found at amblerpurespa.com or will be emailed to the clients to be completed prior to appointment and credit card on file. Consent forms can be returned via email or you may bring them to your appointment.
- Clients will call/text when they arrive to check-in and will be asked to wait in their car until we call them to enter. The waiting room will remain closed at this time.
- Hand sanitizer will be available for clients as soon as they enter.
- Employees will be wearing masks and gloves for both their protection and yours.
- Extra time is being allotted to clean and sterilize after each client.
- If feeling sick, please stay home. This applies to employees and clients.

I have been given the option to defer my treatment/procedure to a later date. However, I understand all of 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.

_____ Patient Initials INFORMED CONSENT FOR COVID-19 RISK I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Patient or Person Authorized to Sign for Patient

Date

Witness

Date