## OASIS THERAPY

## 198 Thomas Johnson Dr. Suite #5, Frederick, MD 21702

With the on-going concerns of the Coronavirus (COVID-19), Oasis Therapy is taking every precaution possible to minimize the spread of COVID-19 within our clinic to keep our patients and staff safe. Along with our increased and continued infection control, we are also screening patients to determine risk based on current recommendations from the Centers for Disease Control and Prevention.

By signing this form, you agree to alert the clinic staff

- If you have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat and
- In the last 14 days, if you had contact with someone with a confirmed diagnosis of COVID19, or under investigation for COVID-19, or are ill with respiratory illness.
- If you have traveled internationally within the last 14 days or have had contact with anyone who have travelled recently to countries with sustained community transmission.
- If you are residing in a community where community-based spread of COVID-19 is occurring.

Any patients experiencing cold or flu symptoms will be asked to reschedule to prevent further illness spread.

Per recommendations from the CDC, our employees are employing the use of masks and gloves in our clinic during treatment. When coming in for therapy, we ask our patients to use a face mask or covering when entering our clinic for treatment. This measure helps slow the spread of viral components that may be shared by speaking, coughing, or sneezing.

We have adjusted our check-in procedures to eliminate as many potential contact points as possible. When the patient arrive at the clinic should call our number (301-898-2826) for further instructions. We are also limiting the number of people in our locations, so we ask that anyone accompanying the patient to the visit wait in the car after dropping the patient off to the clinic.

We will work together to keep ourselves and our patients up to date on any changes that will be put in effect due to COVID-19. We ask in the meantime, you continue to practice healthy habits with things like frequently washing your hands or using hand sanitizer, covering your mouth with you cough or sneeze.

We appreciate your compliance in following these precautionary measures to protect you and everyone in this clinic.

(Date)	(Print Name)	(Signature)

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## INFORMED CONSENT

Physical Therapy Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as Coronavirus, at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to am illness in our office, just as you might be at your gym, grocery store, or favourite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, physical therapist, Oasis Therapy staff, and sometimes other patients at all times.

Although e	xposure is	unlikely, do	you accep	ot the risk a	and consent	to treatment?	
☐ Yes	□ No					•*	
Patient Na	ame						
Patient Signature	gnature					Date	-