

Curtis Dermatology, P.A.
COVID-19 CDC Guidelines / Office Policies and Procedures / Patient Consent

Thank you for entrusting your skin care to Curtis Dermatology. We appreciate your patience and understanding as we follow the guidelines below to do our best for you.

What you can expect from Curtis Dermatology:

- * Staff temperature check and health screening upon arrival to work
- * Staff uses proper hand washing technique at arrival, before, and after every patient encounter
- * Staff will maintain 6 feet of social distancing when allowed
- * Face mask to be worn during all working hours
- * Exam room and equipment cleaned and disinfected thoroughly between patients
- * Every patient will have their temperature checked and a health screening prior to admittance
- * No patient will be admitted with a temperature over 100.0 F or appearing ill
- * Everyone entering the office will have hands cleaned or disinfected

What we expect from our patients:

- * Please do not present for an appointment if you have any COVID-19 symptoms including fever, shortness of breath, cough, sore throat, runny nose, or any visible sickness, or tested positive for COVID-19 in the last 14 days. Call to schedule a Telehealth visit or reschedule.
 - * Please do not present for an appointment if you have been exposed in the last 14 days to any positive case of COVID-19 or anyone with symptoms listed above
 - * You will be required to bring your own mask and must wear it at all times upon entrance until exit from the office
 - * After you have parked your car please call to check in by phone (561) 777-7703
 - * We ask the patient come into the office unaccompanied but, if needed, with only one family member. We prefer to not have family members in the waiting room. Children must be accompanied by one adult parent or guardian.
 - * We ask you to wait in your car until we call you to come to the door for your appointment. You will be greeted at the door for pre-screening. If entry is denied, please return to your car and call to reschedule your appointment
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Patient Name: _____ DOB: _____ Date: _____

COVID-19 Prescreening Questions:

1. Have you had a fever in the last 2 weeks over 100.0F? Yes No
Current Temp: _____
2. Have you had any cough, shortness of breath, sickness, respiratory illness, loss of taste or smell, sore throat, or unusual symptoms in the last 2 weeks? Yes No
Current or recent symptoms: _____
3. In the last 2 weeks: Have you tested positive or been in contact with anyone that has tested positive for COVID-19 or has symptoms stated above? Yes No
4. Have you travelled in the last 14 days or had to self-isolate? Yes No
When: _____ From what location: _____

Consent for Treatment:

I understand that COVID-19 is highly contagious and spreads from person to person and even the best policies and practices cannot guarantee elimination of potential risk of being infected. I also understand there is an inherent elevated risk of disease transmission in the maintained close physical proximity and touch over an extended period of time associated with Dermatology and aesthetic procedures. I therefore voluntarily assume that risk and consent to treatment holding harmless Dr. Curtis and/or her aesthetic staff from any claims related thereto.

Signature: _____ Date: _____ Witness: _____

Parent or Guardian Name in case of Minor: _____

