

Informed Consent for COVID-19 Risk

Last Name _____ First Name _____

I understand that I am requesting an elective procedure or service that is not urgent and may not be medically necessary. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact and may be transmitted by asymptomatic individuals by coughing, sneezing or simply breathing/talking. It also may be transmitted by touching contaminated surfaces followed by hand to face contact. As a result, federal, state and local health agencies have recommended or ordered shelter at home, social distancing, masks, hand hygiene and other measures to reduce the chance of transmission of this virus.

I recognize that Dr. Charles B. Christian, Jr. and the staff at Inside Outside Wellness Center & Medical Spa are closely monitoring this situation and have put in place reasonable precautions required by the [CDC](#), [Governor Abbott](#), [Texas Department of State Health Services](#), [Texas Medical Board](#), [San Antonio Metropolitan Health District](#) and [Texas Medical Liability Trust](#) (our Malpractice Carrier) to reduce the spread of COVID-19 during your visit.

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 procedure or service. The procedure or service I am requesting may likely not allow social distancing; therefore, I hereby acknowledge and assume the increased risk of becoming infected with COVID-19 through this elective procedure or service and I give my express permission for Dr. Christian and his staff to proceed with the same. Although Dr. Christian and staff have been and are asymptomatic and have received a 2 dose Pfizer Vaccine there is no guarantee that they are not asymptomatic carriers. Likewise even though I am asymptomatic and have been vaccinated, I still might be an asymptomatic carrier.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test and that antibody testing may be unreliable and may or may not indicate immunity or previous exposure to this particular virus.

I understand that possible exposure to COVID-19 before/during/after my procedure or service is increased and may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests/contact tracing, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. The risks appear to be more severe in persons >65 years & those with diabetes, hypertension or obesity.

I have been given the option to defer my procedure or service to a later date. However, I understand all 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 procedure or service.

When I arrive for my appointment I agree to a temperature check and screening for COVID-19 symptoms and will follow the precautions required for this procedure or service. I have no more questions and consent to the procedure or service.

Client Signature

Date