HS-ACUPUNCTURE.COM as of May 30, 2020

- I have read and familiarized myself with the Infection Control Protocols implemented at HS-ACUPUNCTURE in order to reduce the risk of spreading COVID-19.
- I agree to cancel my appointment if I have had the following recent symptoms: persistent cough or shortness of breath, fever, sore throat, loss of taste or smell, deep fatigue, vomiting, diarrhea, or abdominal pain.
- I have not been around anyone who is sick, quarantined or been out of state for the past two weeks.
- I acknowledge the contagious nature of COVID-19 and consent to treatment, assuming the risk of receiving services and holding HS-ACUPUNCTURE harmless in the event of infection.

Signature	Print

Date	Initial	Date	Initial	Date	Initial	Date	Initial