

COVID-19 Waiver Form for Medical Appointments

A **COVID-19 waiver form** sample for medical appointments helps clinics ensure patient safety by confirming acknowledgment of health risks and compliance with safety protocols. This form is essential for documenting informed consent and minimizing liability during in-person visits. Utilizing a standardized waiver streamlines the check-in process while prioritizing public health.

COVID-19 Patient Consent and Liability Waiver

Please read and acknowledge the following carefully before your appointment. This form is required to be filled out prior to entering our clinic.

Full Name:

Appointment Date:

- ☐ I confirm that I am not experiencing any symptoms of COVID-19 (such as fever, cough, shortness of breath, loss of taste/smell, etc.).
- ☐ I confirm I have not been in close contact with anyone known or suspected to have COVID-19 in the last 14 days.
- ☐ I confirm I have not traveled to any high-risk regions or countries in the past 14 days.
- ☐ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure or infection by attending this appointment.
- ☐ I hereby release and hold harmless this clinic, its staff, and associates from any liability related to exposure to COVID-19.

Signature:

Date:

Submit Waiver