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COVID-19 RELEASE OF LIABILITY WAIVER

I, the undersigned, _____ (Print first and last name), acknowledges that novel coronavirus (COVID-19) infections have been confirmed throughout the United States.

Symptoms of COVID-19 include but are not limited to: • Fever • Fatigue • Dry cough • Difficulty breathing • Loss of taste and smell • Sore throat

In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), for slowing the transmission of COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices in an effort to prevent exposure to our patients.

By signing below, I agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days. _____ initial

I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 14 days. _____ initial

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days. _____ initial

I understand that this business and provider cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client. _____ initial

By signing below, I agree to each above statement and release NWNW and all employees and providers from any and all liability for the unintentional exposure or harm due to COVID-19.

NW Naturopathic Medicine providers, staff and all employees of this facility agree that they will abide by these same standards and affirm the same.

We also affirm that we have improved and expanded our sanitation protocols and procedures to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____

Witness _____ Date _____