**Consent form – COVID-19**

• Due to the infectious nature of COVID-19, this additional intake form must be.

Please know that people with COVID-19 can be asymptomatic and still be contagious.

**• There is no way to completely protect ourselves from this virus so take all precautions we can - physical distancing [6 feet or 1.5 meter], washing or using sanitizer on hands, wearing a mask indoor establishments we are visiting.**

• Please answer these questions truthfully and do everything asked so we can do our best to protect each other. Thank you!

**1. Symptoms – are you experiencing:**

Are you experiencing any Cold or Flu-like symptoms even if they are mild Like Runny nose, Sneezing, Coughing, Fever, Shortness of breath recently? Y/N

**2. Exposure**: Are you aware of having been exposed to someone with COVID-19 or anyone who has been exposed to someone with COVID-19? Y/N

**3. Travel.** - Have you done any air travel, domestic or international, recently? Y/N

- Have you traveled to any places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people where social distancing was not observed? Y/N

**4. High risk contact.** - Do you spend time around anyone considered high risk, such as elderly with comorbidities or immune compromised family members? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed names, contact number, signature of Car Group Participants:

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