

ASTHMA, ALLERGY CARE CENTER OF FLORIDA

Shahnaz Fatteh, M.D.

Board Certified Asthma, Allergy & Immunology: Adult & Pediatrics | Member: AAAAI, ACAAI, FAAIS

Program Director: AAI Fellowship, Nova Southeastern University

www.asthmaallergycare.com

CORONA ACKNOWLEDGMENT

ASTHMA, ALLERGY CARE CENTER OF FLORIDA

CORONA ACKNOWLEDGEMENT, CONSENT AND WAIVER

Patient Name: _____ DOB: _____

DOS: _____ PT ID #: _____

By signing this form below, I agree that I will not hold **ASTHMA, ALLERGY CARE CENTER OF FLORIDA** or any of its doctors, nurses or staff personally responsible should I, or someone I come in contact with, become positively or presumptively positive diagnosed with the COVID-19 virus.

There are certain inherent risks associated during an epidemic and I assume full responsibility for personal illness that may result and further release and discharge **ASTHMA, ALLERGY CARE CENTER OF FLORIDA** and its doctors and staff for injury, loss or damage arising out of my visit. I understand that COVID-19 infection can lead to illness, disability, or even death and knowingly take the risk of exposure as I deem my exam to be essential to the maintenance of my care. I recognize that **ASTHMA, ALLERGY CARE CENTER OF FLORIDA** are providing temperature checks as well as SARS COVID-19 questionnaire per CDC guidelines prior to/ or at time of my visit.

I ACCEPT Patient Signature : _____

I DECLINE Witness: _____