



COVID-19 Risk Informed Consent Form

- I understand that I am opting to receive Routine Foot Care by a foot care specialist at **NYOTA MEDICAL FOOTCARE, PLLC** that may be deemed elective (optional) or non-urgent.
- I also understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization.
- I further understand that COVID-19 is extremely contagious and is believed to be spread by person-to-person contact; and, a result, federal and state health agencies recommend social distancing.
- I recognize that the foot care nurse has been monitoring the situation and has put in place reasonable preventative measures aimed to reduce the spread of COVID-19. I agree to comply with and abide by the protocols put in place by the foot care nurse (wear mask at all times, wash hands/use hand sanitizer, complete questionnaire, social distance 6 ft)
- However, given the nature of the virus, I understand there is inherent risk of becoming infected with COVID-19 by virtue of proceeding with a foot care session. I hereby acknowledge and assume the risk of becoming infected with COVID-19, and I give my express permission for the foot care nurse and associates to proceed.
- I understand that the possible exposure to COVID-19 before / during / after the foot care session may result in the following: a positive COVID-19 diagnosis, extended quarantine / self-isolation, additional testing, hospitalization that may require medical therapy intensive care treatment, possible need for intubation / ventilator support other potential complications, and even risk of death.
- I am aware that over 65 years or certain other medical conditions (including heart, lung, kidney, liver disease, hypertension, and diabetes), may increase my risk for severe COVID-19 disease, and I have decided that the importance of my routine foot care session outweighs my personal potential risk for COVID-19 disease.
- I have been given the option to defer my foot care session to a later date. However, I understand all potential risks, including but not limited to potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired foot care session.

Patient name

DOB

Patient's Signature

Date