

**INFORMED CONSENT  
COVID-19 and Vaccination**

You are the decision maker for your health care. We believe it is important to provide information to assist you in making informed choices with respect to the provision of care during a pandemic. This process is often referred to as “informed consent” and involves understanding and agreement regarding the benefits, risks, and alternatives associated with health care.

A global pandemic has been declared with respect to Coronavirus (COVID-19) and related variants, which are extremely contagious, may be contracted from various sources, and can cause severe illness and death.

In response to the pandemic, various mandates have been declared with respect to wearing masks and vaccination. Such mandates are required to comply with other laws such as the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964. The ADA requires reasonable accommodations for people with disabilities, including a medical exemption process. Title VII requires accommodations for sincerely held religious beliefs, practices or observances, unless it would cause an undue hardship on the business.

**People working in this office or visiting this office may not be vaccinated.**

**By consenting to proceed with chiropractic care, you confirm and understand:**

- Treatment will involve person-to-person contact, in which COVID-19 or other diseases can be transmitted.
- Treatment will involve doctors and other staff who are not vaccinated.
- Treatment is elective and is not considered urgent or medical emergency.
- There are alternatives to receiving chiropractic care, which include receiving care from other types of providers, or postponing care altogether.
- There is an inherent risk of becoming infected with COVID-19 or other diseases by proceeding with care in an office where people are unvaccinated.
- You will not report to our office for care if you are experiencing any signs or symptoms of illness (fever, headache, cough, runny nose, sore throat, loss of taste or smell, etc.)
- Information about Covid-19 and vaccination is available at the Centers for Disease Control website (<https://www.cdc.gov/>)

I acknowledge and assume the risk of becoming infected with COVID-19, variants and/or other diseases through elective treatment and give my express permission to proceed with providing care.

I KNOWINGLY AND WILLINGLY CONSENT TO TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE IN AN ENVIRONMENT WHERE PEOPLE, INCLUDING PROVIDERS AND STAFF ARE NOT VACCINATED.

I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_