
THE INJECTION ACADEMY

COVID-19 CONSENT

****Trainee and models must sign day of training.
Please prescreen your models.***

If you have been in contact with anyone who has had COVID in the last two weeks, we will need to reschedule you. In addition, if you have had any of the below symptoms, you will be rescheduled. Trainee, trainer and models must have a temperature check prior to entry. If the temperature is 100.4 degrees Fahrenheit or higher, you will not be able to train/be treated.

I understand that the symptoms listed below are representative of COVID-19:

- COUGH
- SORE THROAT
- FEVER
- CHILLS
- SHORTNESS OF BREATH
- MUSCLE ACHES
- NEW LOSS OF SMELL OR TASTE
- HEADACHE
- CONGESTION OR RUNNY NOSE
- FATIGUE

I confirm that I do not display or currently have any of the symptoms that are representative of COVID-19, which are outlined above: _____ (Initial)

I confirm that I have not traveled to any regions with widespread ongoing transmission in the past 14 days. _____ (Initial)

I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. _____ (Initial)

Patient Name: _____

Patient Signature: _____ Date: _____

For Practice Use:

Provider Signature: _____ Date: _____