

COVID-19 Emergency Treatment - Employee Consent Form

HR for Health Disclaimer

The COVID-19 Emergency Treatment Employee Consent Form below is a sample document that you may customize and provide to employees if they need to support the practice in providing emergency treatment during the COVID-19 outbreak.

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As such, this waiver is simply to make employees aware of their risk while providing treatment in your Practice and may not protect you from any liability that may occur as a result of your decision to treat patients. Practices should follow all federal, state and local regulations including, but not limited to, the CDC and OSHA to protect employees and patients during this time.

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Please note that all policies and forms that we provide should be reviewed by your legal counsel to ensure full compliance with your local, state and federal regulations and that is in accordance with your specific business needs.

Document Format

This form is in PDF format. If you do not have a PDF editor, please copy and paste into another document editor to customize to your Practice.

COVID-19 Emergency Treatment Employee Consent Form

As the coronavirus (COVID-19) continues to spread, [insert practice name] wants to ensure that you are aware of what steps we are taking to protect both you as an employee as well as our patients.

In order to prevent spread of COVID-19, please ensure that you follow the guidance listed below:

- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze;
- Throw all used tissues in the trash right away and wash your hands immediately after handling used tissues;
- Avoid touching your eyes, nose or mouth;
- Avoid close contact with people who are sick; and
- Clean and disinfect frequently touched objects and surfaces, such as your keyboard or mouse, using a regular household cleaning spray or wipe.

In addition, the Practice will continue to follow all federal, state and local regulations including, but not limited to, the CDC and OSHA to protect employees and patients during this time. [Include specifics on how you are protecting your patients and employees here].

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

- Fever
- Dry Cough
- Shortness of Breath
- Temperature
- Persistent pain or pressure in the chest
- Bluish lips or face

I understand that all travelers arriving from a country or region with [widespread ongoing transmission, as outlined by the CDC](#), should stay home for 14 days to practice social distancing and monitor their health after their arrival.

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 if I display any of these symptoms, I will be sent home immediately. _____(Initial)

I confirm that my employer has the right to screen me for symptoms prior to every shift to protect patients and other employees from the spread of COVID-19. _____(Initial)

I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission ([Level 3 Travel Health Notice](#)) 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)

I, _____ (the employee), consent to providing emergency treatment to patients in need during the COVID-19 outbreak.

I understand that based on what is currently known about COVID-19, the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

I understand that due to the unknowns of this virus, the number of patients that have been in the practice and the nature of the procedures performed here, that I have an increased risk of contracting the virus by being in the practice and by providing treatment in the practice.

[Include if you are in the Dental Industry] I understand that dental procedures have the potential to include aerosol-generating procedures as well as anticipated splashes and sprays, which are some of the ways that COVID-19 can be spread.

Employee Name: _____

Employee Signature: _____

Date: _____

For Practice Use:

Employer Signature: _____

Date: _____