

COVID-19 PROTOCOLS – STAFF ACKNOWLEDGMENT

Risk of Exposure. I, the undersigned staff member, understand that my undersigned employer and/or other staff (collectively “my Doctor”) will be performing medical procedures, whether regarded as necessary, elective or aesthetic, during the time of the COVID-19 pandemic and after. I understand that in-person patient consultations and/or procedures performed at this time, despite my own efforts and those of my Doctor, may increase the risk of COVID-19 exposure for me, my Doctor, and our patients.

The Virus. I am aware that exposure to COVID-19 can result in severe illness, intensive therapies, extended intubation and/or ventilator support, life-altering changes to health, and even death. This virus has a long incubation period, there may be as yet unknown aspects of its transmission, and I realize that it is possible to be contagious, regardless of testing or symptoms.

Infection Control Procedures. To reduce the possibility of COVID-19 exposure or transmission at my Doctor’s office, I accept that my Doctor will implement infection-control procedures with which I must comply, before, during and after patient consultations and/or procedures, for my own protection as well as that of my Doctor and our patients. I understand my cooperation is mandatory, whether or not I personally feel such COVID-19 procedures and/or preventive measures to be necessary.

Testing. I have informed my Doctor of any COVID-19 testing I or any person living with me during the past 14 days has received, as well as the results of that testing, and if I am tested between now and the date of my procedure, I will immediately provide the results of that testing to my Doctor. I understand my Doctor may require that I be tested, possibly at my own expense and regardless of any prior testing, and that the results of that testing must be satisfactory to my Doctor, before I may come to work.

Symptoms. I confirm neither I nor any individual living with me has any of the COVID-19 symptoms listed by the Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>, which website I have consulted; neither I nor any individual living with me during the past 14 days has experienced any such symptoms; and that I and all persons living with me for the past 14 days have practiced all personal hygiene, social distancing and other COVID-19 recommendations contained within all governmental orders issued by my city and state. I understand I must honestly disclose this information to avoid putting myself, my Doctor, and our patients at risk.



Staff Training. I agree to participate in all COVID-19 staff education, and at all times to implement and abide by all COVID-19 infection control measures required by my Doctor.

Staff Signature and Initials

 Print Name & Date

Employer/Doctor Signature and Initials

 Print Name & Date



Notice and Disclaimer. Medical information changes constantly. This COVID-19 Protocols-Staff Acknowledgment sets forth the current recommendations of The Aesthetic Society, is provided for informational purposes only, and does not establish a new standard of care or best practices for employers. April 30, 2020