



## Willow Health and Aesthetics COVID-19 Attestation Form

- **Do you have any signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?**

Yes

No

**In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or is ill with respiratory illness?**

Yes

No

- **Have you traveled internationally within the last 14 days to countries with sustained community transmission? (Current affected countries include: China, Iran, Italy, South Korea, Australia, Canada, Brazil, Japan, Israel, Malaysia, Most European Countries, United Kingdom & Ireland)**

Yes

No

- **Have you traveled on a cruise ship within the last 14 days?**

Yes

No

- **Do you reside in a community where community-based spread of COVID-19 is occurring?**

Yes

No

- **If you are in a higher-risk group, such as those over age 60 and those with compromised immune systems or lung and heart function, do you understand that the recommendation is to delay your procedure?**

Yes

No

I have truthfully answered the questions above. I will contact my provider at Willow Health and Aesthetics at (541) 653-9158 with any questions, concerns, or comments prior to my treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_