

We are practicing social distancing so we are asking all patients to **remain in the waiting room** until your therapist comes out to get you at this time.
Please review, sign and date below.

Have you been diagnosed or exposed to someone diagnosed with Covid-19 within the last 14 days? **Yes** **No**

Have you traveled to outside of the state of Florida in the last 14 days? **YES** **NO**

Have you traveled outside of the United States in the past 30 days or have been in close contact with someone who has been outside of the United States and were sick? **YES** **NO**

Are you presently feeling sick, have a fever, shortness of breath, chills, cough or new loss of taste or smell? **YES** **NO**

IF prior to any appointments you feel ill, have a cough or a fever please call us and cancel your appointments. We highly recommend you also inform your physician. There will not be a charge for rescheduled appointments at Gabriel Rehabilitation for these reasons.

I hereby release and agree to hold Gabriel Rehabilitation Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the facility, or that may otherwise arise in any way in connection with any services received from Gabriel Rehabilitation Inc. I understand that this release discharges Gabriel Rehabilitation Inc. from any liability or claim that I, my heirs, or any personal representatives may have against the facility with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Gabriel Rehabilitation Inc. This liability waiver and release extends to Gabriel Rehabilitation Inc. together with all owners, partners, and employees.

Patient Signature

Date

Please Print Name

Revised 6/15/2020