

This form was developed using plain language principles. The form is intended to be easy to read, understand, and use.

COVID-19 Patient Education Acknowledgment Form – SAMPLE

While it is common knowledge that there is COVID-19 transmission risk in any public setting, patient education is an important part of mitigating COVID-19 transmission risk in a healthcare setting. To confirm that the patient received COVID-19 education, you may consider listing patient education and understanding on an acknowledgment form and asking the patient to sign it. Logistically, COVID-19 patient education occurs when the patient schedules a visit. Patients could electronically sign the acknowledgment form prior to the visit or sign it when they come to the office. In lieu of a form, the staff member who schedules the visit can document patient education and understanding in the medical record. Organizations vary in their response to COVID-19; be sure to tailor your form to your specific response.

Patient Name: _____ Date of Birth: _____

COVID-19:

- Is a new disease with no known treatment.
- Spreads easily from person to person.
- Has spread all over the world.
- Is a public health emergency.
- Has caused equipment shortages.
- Has strained the healthcare system.

To try to stop the spread of COVID-19, we:

- Require anyone who enters the office to wear a mask.
- Screen patients for COVID-19 before they come to the office.
- Screen patients and visitors before they enter the office.
- Limit who may come to the office with a patient.

I understand that I:

- Must be honest when I answer screening questions.
- Must wear a mask to enter the office.
- May be asked to enter the office alone.
- May be asked to stay at home if I am sick.
- May be offered a telemedicine visit if I am sick.
- May be asked to take a COVID-19 test if I have COVID-19 symptoms.

Patient, Parent, or Legal Representative Signature Date and Time

If you are a legal representative, how are you related to the patient?
