**COVID Waiver – Duke Integrative Medicine**

1. In the era of COVID-19, Duke University Health System (“Duke”) has worked with infection control experts to implement new protocols to mitigate the risk of potential exposure. The attached notice outlines the actions taken by Duke for the purpose of reducing the risk of transmission of COVID-19 to individuals present on Duke premises.
2. Persons with a higher risk of complication from COVID-19 are strongly encouraged to defer on-site activities at Duke Integrative Medicine until the risk of COVID-19 transmission has abated. If you have any reason to believe you may be at such higher risk, you should consult with your health care provider before undertaking activities at Duke Integrative Medicine. Please refer to the Centers for Disease Control and Prevention (CDC) website for current guidance on risk factors (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html>)
3. Based on current CDC guidance and internal infection control expertise, the keys to reducing COVID transmission are aggressive symptom monitoring, handwashing, social distancing, and use of face masks to prevent asymptomatic spread of disease. Specifically, as a Duke Integrative Medicine client you are expected to adhere to the following protocols:
   1. If you are feeling ill or exhibiting signs of COVID-19 (including temperature above 100.4, new onset of cough, sore throat, shortness of breath, loss of sense of smell or taste), you should not seek to participate in any activity at a Duke Integrative Medicine facility. Of course, if you are in need of medical evaluation or care, you should seek such evaluation or care from your health care provider, an urgent care facility or the emergency room, as appropriate.
   2. You will wear a mask wearing (covering nose and mouth) while at Duke Integrative Medicine, other than while using the shower.
   3. Please utilize hand sanitizer made available.
   4. You will maintain 6ft distance from other individuals.
   5. You will limit your use to 1 hour in the facility, and check out with the Front Desk upon departure.
   6. Only 1 person will be allowed in the hot tub and sauna areas at one time.
4. By signing this agreement, I understand that my participation in activities at the Duke Integrative Medicine is voluntary and that I may discontinue my participation at any time. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 in the course of activities at Duke Integrative Medicine facilities, and that any exposure or infection may result in personal injury, illness, permanent disability, and death to me or to other people who come in contact with me. I have read and understand the attached notice outlining the actions taken by Duke for the purpose of reducing the risk of transmission of COVID-19 to individuals present on Duke premises, and I agree to adhere to the recommendations and requirements stated above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below to acknowledge all the above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**