



HOLISTIC ORTHOPEDICS
Structural & Sensory Healing Institute

COVID-19 PATIENT SYMPTOM ATTESTATION

I attest to the following:

1. I have had no known contact with anyone experiencing, or exposed to, COVID-19 or related symptoms.
2. I have executed due diligence in regards to Governor Inslee's social distancing and public safety protocols to the best of my abilities.
3. I have had no fever for at least three days without taking medication to reduce fever during that time.
4. At least fourteen days have passed since I've had a fever and/or respiratory symptoms.

Patient signature: _____

Today's date: _____