

**Thalman Chiropractic and Rehab Clinic  
606 Eastgate St  
Carbondale, IL 62901  
618-549-8228  
Richard L. Thalman, D.C., C.M.E.**

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**Covid 19 Informed Consent for Essential Care**

I \_\_\_\_\_ have undergone the following screening for the COVID 19 virus to receive Chiropractic care as an essential service. I attest the following is true:

- 1) Was screened for the virus prior to entering the treatment and exam rooms.
- 2) Was given disinfectant wipes to wash my hands prior to entering and after and am wearing or given a surgical mask to wear.
- 3) Have not had a fever in the past 4 weeks or have been around anyone who does.
- 4) Have not tested positive for the flu or any kind, or been out of the country recently.
- 5) Do not have a cough, shortness of breath, fatigue, myalgia, sore throat, a cold, sinusitis, chills, or other illness of my respiratory track (Sinuses, throat, lungs), or lost my ability to smell or taste food.
- 6) I have not been close to anyone who has the above symptoms.
- 7) I do not have the flu or been tested positive for the flu. Have not been out of the country in the last 14 days.
- 8) I do not have a compromised immune system of any kind.
- 9) Am doing all that I can to social distance 6 feet, wash my hands consistently, wear a mask when necessary, monitoring myself for fever, and social isolating.
- 10) Promise to not hold Dr. Thalman Liable for any illness I may obtain from today's care.
- 11) Attest that there is no one in Dr. Thalman's office at the time of my exam/treatment and is using an N-95 mask while performing my care.
- 12) I also understand that this is an essential service by a licensed Health Care provider because I am in pain and need care to continue to get well and improve my ADL.
- 13) I, Dr. Thalman, attest that I have disinfected the office prior to any and all patient care, before and after, as recommended by the CDC, IDPR and Gov. Pritzger's declaration.

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Patient Signature/Date

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Dr. RL Thalman DC CME/Date