Safety Attestation

The day of your child's scheduled evaluation, you will be asked to answer the following questions before entering the clinic, and then asked to initial and sign a paper copy. If you are unable to do so, your clinician reserves the right to ask you to reschedule for another time.

1. I have thoroughly read and understood the Modified Evaluation Procedures.

2. I agree to pursuing this evaluation in the modified format as described in the Modified Evaluation Procedures, and accept the potential for limitations.\*

3. We have followed all COVID-19 safety guidelines from the Oregon Health Authority (e.g., social distancing, hygiene, use of face coverings in public spaces) for a minimum of 14 days prior to the date of this in-person appointment.

4. We have not been diagnosed with COVID-19, the disease caused by the SARS-CoV-2 virus;

5. We are not awaiting results from any diagnostic tests to determine if we have contracted SARS-CoV-2;

6. We are not currently experiencing, nor have we experienced within the last 14 days, any of the symptoms that may indicate infection with SARS-CoV-2 (per the CDC: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell);

7. We have not visited a country under a CDC Level 3 Travel Health Notice within the last 14 days;

8. We do not reside in the same household with, nor within the last 14 days have we come into close contact with, anyone who: a. is currently diagnosed with COVID-19; b. is awaiting results from any diagnostic tests to determine if they have contracted SARS-CoV-2; c. is currently experiencing or has experienced within the last 14 days any symptoms consistent with SARS-CoV-2 infection (see #6); d. is quarantined due to suspicion of contact with a carrier of SARS-CoV-2; e. has visited a country under a CDC level 3 Travel Health notice within the last 14 days.