PARK CITIES PSYCHIATRY, LLC
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Regina McFarland, M.D. Sandra Lotan, M.D.

Date: _____

Name: _____

RE: COVID-19 2020

I affirm that the following statements are true:

- I have either (1) not tested positive for COVID-19, or (2) in the past tested positive for COVID-19, but I am permitted to discontinue isolation per guidelines from the Centers for Disease Control and Prevention ("CDC") and/or my treating physician.
- I am not currently exhibiting any COVID-19 symptoms, and I have not exhibited in the last 14 days any COVID-19 symptoms, including cough, shortness of breath/difficulty breathing, headache, fever, chills, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea.
- No one in my household is currently exhibiting COVID-19 symptoms, and no one in my household in the last 14 days has exhibited COVID-19 symptoms, including cough, shortness of breath/difficulty breathing, fever, chills, headache, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea.
- I do not currently have a fever over 99.5 degrees Fahrenheit.
- No person in my household has tested positive for COVID-19, or anyone in my household who in the past has tested positive for COVID-19 may discontinue isolation per guidelines from the CDC and/or their treating physician.
- In the last 14 days, I have not, to my knowledge, been in close contact (less than 6 feet) with anyone who has tested positive for COVID -19.
- I have no reason to believe that I presently have COVID-19 or that I have been exposed to COVID-19 in the last 14 days.

Please sign below to affirm that all of the above statements are true. Anyone who cannot affirm that all the above statements are true must leave the premises of Park Cities Psychiatry immediately.

Signature: _____

NOTE: The CDC has cautioned that older adults (65+ years old) and other people, regardless of age, who have serious underlying medical conditions may be at greater risk for severe illness from COVID-19. For additional information, please visit the CDC website and/or contact your physician.