Canton Asthma & Allergy
Pediatric & Adult Care
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March 23 2020: Due to the most recent events with the COVID-19 outbreak, Canton Asthma and Allergy has modified our biologics and allergen immunotherapy policy for the next few months or until further notice. You must have an Epinephrine injector with you when you receive a biologic medication or allergy injection.

If you have a fever, cough, sore throat, or shortness of breath do not enter our office. If you have travelled outside the USA in the past 2 weeks do not enter the office. If you have travelled to a COVID hot-spot, do not enter the office. If you have been exposed to someone with COVID (Coronavirus) or someone suspected of having the virus or being tested for the virus do not enter the office.

We believe that the current risks of possible exposure in this current situation with COVID warrant our patients to have a choice of waiting in our office or in their own car in the office parking lot after receiving a biologic or allergy injection. If you chose to wait in your car you must have your Epi-injector with you and preferably someone else with you. By signing this form, you agree to wait 20 minutes after your injection to self-monitor for symptoms of anaphylaxis. These symptoms/reactions may consist of any or all of the following: itchy eyes, itchy nose, or itchy throat, nasal congestion, runny nose, tightness in the throat or chest, coughing, increased wheezing, lightheadedness, faintness, nausea and vomiting, and hives. Under extreme conditions, although unusual, shock and death can occur. If symptoms develop please return to the office immediately. You may need to use your Epinephrine and call 911 if the symptoms are significant. By signing this Form, you assume all risks as stated above for this type of alternative observation. All patients have the option to sit in our Reception area and have typical monitoring by our staff.

Patient Name: _____ BirthDate:_____ Chart #: _____

Patient/Parent/Guardian Signature (if Patient is a Minor): _____ Date: _____

Patient Cell Number: _____ Time: _____

Nurse Signature/Date _____ Physician Signature/Date:_____