

Seattle:
3417 Fremont Ave N, #300
Seattle, WA 98103

Transitions Bodywork

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Eastside:
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This agreement is designed to protect you and me, as well as my colleagues and their clients, to the best of our ability. Open to discussion for common comfort.

I am fully vaccinated, as of February 5, 2021.

Please take a moment to read & complete this form, and initial it at the bottom. Thank you.

Name:	Today's Date: / /
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- Sessions will start at least 30 minutes apart, to allow for surface and air cleaning.
- I will be cleaning potential touch surfaces before and after each client.
- Please text or call before you enter the room, to ensure I have prepared the suite.
- I will require you to wash your hands at our sink, or use sanitizer upon entry.
- We will report any signs or symptoms within 2 weeks to Public Health officials.
- *Unless both are vaccinated, we will both wear cloth masks, or 3ply pleated masks, or KN95 disposable masks. We will discuss options at each session.

Let me know in advance (phone or text) if you want me to wear:
 a Half-face respirator/P100 filters face shield/plastic visor disposable gloves

Current Covid-19 related Health Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will you agree to wear a mask inside the building common areas? **a condition of entry by bldg. mgmt., myself, and colleagues
<input type="checkbox"/>	<input type="checkbox"/>	Do you have extended close contact with unvaccinated people indoors?
<input type="checkbox"/>	<input type="checkbox"/>	Have you traveled on a plane, or out of WA, in the past 2 weeks? If so, where?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been vaccinated? If so, what dates?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been in close contact, in the past 2 weeks, with anyone who has had the following symptoms? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> fever in past 72 hours <input type="checkbox"/> persistent dry cough <input type="checkbox"/> shortness of breath, difficulty breathing </div> <div style="width: 45%;"> <input type="checkbox"/> any other flu-like symptoms (Gi upset, headache, fatigue) <input type="checkbox"/> recent loss of taste or smell </div> </div>
<input type="checkbox"/>	<input type="checkbox"/>	If yes, has that person been diagnosed/seen by the doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any of the following symptoms in the past 2 weeks? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> fever in past 72 hours <input type="checkbox"/> persistent dry cough <input type="checkbox"/> shortness of breath, difficulty breathing </div> <div style="width: 45%;"> <input type="checkbox"/> any other flu-like symptoms (Gi upset, headache, fatigue) <input type="checkbox"/> recent loss of taste or smell </div> </div>
<input type="checkbox"/>	<input type="checkbox"/>	If yes, have you been diagnosed/seen by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Will you report any signs or symptoms within 2 weeks of a session to Public Health Dept/Contact Tracing, and alert me?

Initial _____