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Transitions Bodywork

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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, with current public health guidelines. Open to discussion for common comfort.

I am fully vaccinated; second booster was May 24, 2022.

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

| | |
|-------|-------------------------|
| Name: | Today's Date: / / |
|-------|-------------------------|

- 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.
- *WA DOH requires masks in all healthcare settings - we will both wear cloth masks, or 3ply pleated "surgical" masks, or KN95 disposable masks. No waivers at my office.

Current Covid-19 related Health Information

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you agree to wear a well-fitted mask inside the treatment area? **a condition of entry by DOH, myself, and colleagues |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had extended/close contact with known unmasked/unvaccinated people indoors? *If yes, please explain - concert, game, wedding, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been vaccinated? Booster? If so, approx months/dates? |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>If not vaccinated, you must notify me for consult, by phone, 24 hrs prior to session.</u> I/client will purchase, @ \$25, an N95 mask and Rapid test, with test administered outside of Transitions Bodywork office. *Failure to consult 24hrs before session will be considered/charged a no-show. |
| <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 _____