Island Wellness :..

COVID-19 Letter

August 28, 2020 (last updated)

Dear Patron:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Our office follows infection control recommendations made by the U.S. Centers for Disease Control and Prevention (CDC) and relevant state and local regulations. We follow the activities of their guidance so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to their recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff.

Please read the attached screening questions before your appointment.

We'll ask similar screening questions again and take temperatures of all patrons and any accompanying person upon arrival.

Please do not take medications that may lower your temperature and/or mask your pain symptoms the day of your appointment. Such medications include acetaminophen (Tylenol), ibuprophen (Advil, Motrin), naproxen (Alleve), diclofenac (Volatren), 100mg or more of aspirin (Excedrin, Bayer, Alka-Seltzer), celecoxib (Celebrex). Please ask us if you are unsure.

To protect other patrons, all who enter Island Wellness will be asked to wear a mask or face cover correctly.

Please note, due to limited staffing, we are unable to monitor and clean public areas after every provider or patron who may have touched a surface. This includes sitting room chairs, restroom and front desk counter.

When provided, we ask that you use sand sanitizer when you enter the office on your hands or procedural gloves.

If you have sensitivities to cleaning related products (eg. Bleach) or procedures (eg. UV produced ozone), please let your provider know before the day of your appointment.

Due to reduce waiting room seating, we will not be able to accommodate companions except for minors and adults who may have cognitive or emotional needs. If you or your love one is an adult who may need a companion, please communicate with your provider at least 1 weekday ahead of time.

For minors, please have only one parent or guardian accompany your child to the office.

Depending on expected patient volume in a given time period, the front door may be locked and you may be asked to call your provider when you arrive.

We look forward to seeing you again and we are happy to answer any questions you may have about the steps we are taking to keep you and your family safe in our practice.

If you, or someone who enter Island Wellness, develop a contagious illness or find out you have been in contact with someone with a contagious infection within 14days of entering Island Wellness, please let us know as soon as possible so we may alert our other patrons who may be at risk. We will keep your information confidential.

Thank you for your patience during this challenging period of time. We are looking look forward to seeing you soon.

Sincerely,

Island Wellness Providers

Jeff Stetson, DC Call/Text: (206) 275 – 4870 info@islandwellnesschiro.com

Frank Shi, Wang Ning: Acupuncture (206) 519-9039 frank.shi@taijiacu.com

Evelyn Fang, MD, Family Medicine, Call/Text (206) 206-956-1442 fang@mercerfamilymed.com

Pre-Face to Face Visit Health Screening Questions

Last Name Pirst Name Date of Birth(M/D/Y)

Date of Completion

*Who

Appointment Date

- Have you or someone you been in contact within the last 14 days been tested for COVID-19?
 If yes, please consider visiting us another time. Dr. Fang also has telemedicine appointments. As COVID testing is not 100% accurate, 14 day quarantine can help protect us and our other patrons even if you or your contact tested negative.
- 2. Have you and anyone coming with you to the appointment have any of the following symptoms within 14days of your appointment? Check all that applies and list start date and if resolved, end date

| Fever of 100F | Start | Chills | Start | |
|--------------------|-------|---|-------|--|
| /37.8C or higher | End | | End | |
| Muscle aches not | Start | Sore throat | Start | |
| due to exercise or | End | | End | |
| trauma | | | | |
| Decrease smell or | Start | Cough | Start | |
| taste | End | | End | |
| Difficulty | Start | Diarrhea | Start | |
| breathing | End | | End | |
| Unexplained: | Start | List other symptoms you think may be due to | | |
| sweating, | End | a contagious infection: | | |
| vomiting | | | | |

| 3. | As far as you know | , are you missing any docto | r recommended vaccinations? | Yes | No | | | | |
|---|--------------------|-----------------------------|-----------------------------|-----|----|--|--|--|--|
| | If yes, which o | ines? | | | | | | | |
| 4. Have you or someone you have been in contact with in the last 21days have COVID, COVID- like symptoms or other contagious infections (eg. flu, common cold, strep throat, chicken pox): Yes No | | | | | | | | | |
| *V | /ho | *When | *Which infection(s)? | | | | | | |
| 5. Will you and anyone coming with you the appointment be taking medications* that may lower your temperature or decrease pain the day of your visit? | | | | | | | | | |

* = acetaminophen (Tylenol), ibuprophen (Advil, Motrin), naproxen (Alleve), diclofenac (Volatren), 100mg or more of aspirin (Excedrin, Bayer, Alka-Seltzer), celecoxib (Celebrex)

When last taken/plan to take?

*Which medication?