



## SARS-CoV-2/Coronavirus/COVID-19 Policies (please initial each item)

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: : :	I will not come to a session if I have a cough, a fever over 100.3°F, shortness of breath, loss of taste and/or smell, or been in contact with anyone with these symptoms or diagnosed with COVID-19 in the last 14 days. I will wait in my car for my session to time begin and instructed by the practitioner to enter the office. I will wash/sanitize my hands before the session.  I must answer the screening questions honestly and completely before each session. Any positive answer or refusal to answer will require an immediate end to the session. There will be no cancellation fee charged in this case. The session may be rescheduled after my symptoms (cough, fever, shortness of breath, etc.) have been resolved, and fever has been resolved without medication for at least 72 hours, or at least 14 days after contact with a person sick with cough, fever, or diagnosed COVID-19.  I will allow the practitioner to take my temperature using a contactless thermometer.  The use of PPE by the practitioner and myself during the session is intended to limit, but not eliminate, the risk of any SARS-CoV-2 transmission.  I will properly wear a facial mask at all times in the office, including during the session. The mask may be removed with consultation of the practitioner on a case by case basis while I am prone or for intraoral/intranasal work.  In the case of a transmission of SARS-CoV-2, my contact information will be shared with the OHA as required by law for contact tracing (for up to 60 days after a session).  I assume all additional risks related to blood clots and their complications. Some research shows that COVID-19 increases the risk of forming blood clots. Any form of deep tissue work always carries some risk of blood clots forming due to the nature of the work. I understand that receiving a session while having a SARS-CoV-2 infection, even if asymptomatic, increases all risks associated with blood clots. Depending on where the blood clot lodges, this may cause conditions such organ issues, strokes, or pulmonary embolisms,
	that I have read and understood all of the above information, agree to abide by all additional policies, and ne added risk of receiving a session during the SARS-CoV-2 pandemic.
Client Si	ignature (Parent/Guardian for minor)  Date