Left Out Care, LLC

COVID-19 Screening Protocol

Client Name/Address/Phone: _____

Date/Signature/: _____

Practitioner: Everett Schlarb

I am asking clients to wear masks or appropriate face coverings that cover both the nose and mouth. If you do not have one, I will provide one for you to use and keep. As a reminder, you and I will both wear our face coverings throughout our session.

Handwashing and/or sanitizing will be performed before, after, and sometimes during rest periods of the Bowenwork session.

If I am providing my table, it will have been sanitized before and after the sessions. I will ask you to provide sheets, blankets or towels if available at your location. With ideal weather, sessions can take place in an outdoor setting. For indoor settings, a space that allows for distance from other household members to minimize potential exposure to people other than the client with ventilation is preferred.

COVID-19 Related Questions

1. Have you had a fever in the last 24 hours of 100°F or above?

Yes ☐ No ☐

Current temperature reading_____ Practitioner's temperature_____

2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?

Yes ☐ No ☐

3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions?

Yes ☐ No ☐

4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

Yes ☐ No ☐

Record PPE Variances: _____