

COVID-19 ATTESTATION FOR OFFICE VISITS

I, _____, hereby attest to the following:

(Please Initial)

_____ I am fully vaccinated for COVID-19.

_____ I will notify Mark Dooley if I have had respiratory symptoms within 48 hours prior to session.

_____ I will notify Mark Dooley if I have had a fever within 48 hours prior to session.

_____ I will notify Mark Dooley if I have knowingly had any exposure to someone with any respiratory symptoms/fever 48 hours prior to session.

_____ I will notify Mark Dooley if I have knowingly had any exposure to someone with COVID-19 48 hours prior to session.

_____ I agree to wear a mask while in the office.

_____ I agree to use hand sanitizer upon entering.

_____ I agree to maintain six feet distance.

In case of above, scheduled sessions may be conducted over video. In commitment to personal and public safety, Mark Dooley will adhere to all COVID-19 guidelines including: quarantining if ill with respiratory symptoms and/or fever, wear masks while in the office, use hand sanitizer and clean common areas, use a HEPA filter, have windows open for circulation, require vaccination for entry into the office. I understand that despite the aforementioned efforts to protect my safety, I still may be exposed to COVID-19. In this regard, I do not hold Mark Dooley liable should I contract COVID-19 through my visit to his office.

I have read, understand and agree to the information provided above regarding COVID-19 safety:

Signature of client or legal guardian _____ Date _____

Signature of Mark Dooley _____ Date _____