

Current Covid-19 policy for in-office visits

For any patients being seen in the office we ask the following:

- You have not been sick with any type of cold/flu symptom, cough, fever, body aches or shortness of breath in the past week.
- You have not travelled via bus, train, or plane in the last week.
- If you have been exposed to or tested positive for Covid-19 in the past 14 days, please follow [current CDC guidelines for quarantine/isolation](#) prior to coming in.
- Please know that we will take your temperature when you arrive.
- Please wear a mask throughout your visit (children under 2 will not be asked to wear masks). If you do not have one, we will provide you with one.
- Please wash your hands thoroughly for 20 seconds and/or use hand sanitizer immediately when you arrive and during your stay at our office when appropriate.
- Please maintain a 6-foot distance from other patients/staff while you are here.
- Please try not to linger in the waiting area before or after your appointment.
- Please do not bring family members with you if possible.
- Please plan to arrive on-time to your appointment; please do not come early, we need time to clean between patients.
- For medicinal pick-ups, please call ahead and we will deliver your items to you outside the office.

Things we are doing to keep the office safe and healthy for all:

- We will be wearing masks while you are here.
- Dr. Van Dusen will wear an N95 mask for craniosacral sessions, other PPE such as gloves if/when appropriate. All sheets/blankets/pillow cases are laundered after each use.
- We disinfect the office and any touched surfaces between every patient and at the end of every work day. We have very good air purification measures in place.

Vital Source
Natural Medicine

By signing below, I agree that I understand the highly contagious nature of Covid-19 and that I am willing to comply with Vital Source Natural Medicine's "Covid-19 policy for in office visits" when I visit the office. I understand that Vital Source Natural Medicine is taking all necessary precautions to reduce any potential risk of my exposure while I am visiting the office. Although highly unlikely, this does not guarantee that I will not be exposed to Covid-19 during my visit, and I will not hold Vital Source Natural Medicine responsible should this occur.

Patient signature (Parent/Guardian if minor)

Date

Patient name