

ADVANCED FAMILY EYECARE

Advanced Family Eyecare is dedicated to serving you for your eye care needs while ensuring we operate in the safest manner for all of our patients and staff during this time.

Please read and respond carefully to the following:

1. I have not traveled in the past 14 days.

___Agree ___Disagree

2. I am not under direction to self-monitor or self-isolate.

_____Agree _____Disagree

3. I am not experiencing any of the following cold/flu symptoms:

Cough

Sore Throat

Fever

Runny Nose

Headache

Weakness

_____Agree _____Disagree

_____ I understand that if I have checked DISAGREE to any of the above statements, I must reschedule my visit for a later date.

_____ I understand that I must wear a mask during the entire duration of my stay at Advanced Family Eyecare.

_____ I understand that I am responsible for bringing my own mask to the appointment.

_____ I understand that I must come alone to my appointment and that no additional people will be allowed to sit and wait in the waiting room. One parent is allowed to come with a child.

_____ I understand that my temperature will be checked when I enter the office.

Name:

Date:

Please submit this form online prior to your appointment. If you are unable to submit online, please print the form and bring on the day of your appointment. We appreciate your patience in this unforeseen time.