

COVID-19 PATIENT SCREENING FORM

This form is required to be filled out by ALL patients:

1. Are you feeling feverish? YES NO
2. Do you have a sore throat? YES NO
3. Do you have a new cough **not related** to a chronic cough? YES NO
4. Do you have new nasal congestion or runny nose **not related** to allergies? YES NO
5. Do you have recent shortness of breath? YES NO
6. To your knowledge have you been in contact with someone who tested positive for or has COVID-19? YES NO
7. Are you awaiting test results for COVID-19? YES NO
8. Within the past 4-weeks have you traveled outside of the United States? YES NO

In preparation for your appointment the following is our protocol

- For eye exams or medical care please fill out and send back to us all forms we sent to you.
- When you arrive please call the office and wait in your vehicle.
- Every patient must wear a mask all the time in the office to protect others.
- When your turn comes to enter the office please use the door buzzer.
- Upon entering, we will ask a few health questions and take your temperature with a no touch forehead thermometer.
- Try to maintain 6 feet of social distancing between others in the office
- Only the scheduled patient will be allowed in the office unless they need special assistance or a minor.

We are sorry for any inconvenience but we want to make sure that our office is a safe place to come to and stop the spread of COVID-19 on the planet.