

Novel Coronavirus Patient Evaluation Questionnaire

With the recent spread of COVID-19 we are taking additional steps in order to protect you our patient as well as our staff. The AAO, AOA, and other optometry specific sources continue to provide updated information and recommendations regarding patient care, symptoms and the ongoing efforts to understand and control the spread of COVID-19.

For the health and safety of our patients and staff please answer the below questions:

- 1. Have you or anyone in your household been diagnosed with COVID-19, had a fever, cough, difficulty breathing or cold/flu-like symptoms in the last 2 weeks?
YES NO
- 2. Are you currently providing care for anyone who has been diagnosed with COVID-19, had a fever, cough, difficulty breathing or cold/flu-like symptoms in the last 2 weeks?
YES NO
- 3. Are you or anyone in your household currently under voluntary or involuntary quarantine?
YES NO
- 4. Are you or anyone in your household been under voluntary or involuntary quarantine in the past 2 weeks?
YES NO
- 5. Have you or anyone in your household traveled internationally to any of the following countries in the past 2 weeks? China, Iran, Italy, Japan or South Korea?
YES NO

Patient Name _____

Signature _____ Date _____