

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? Symptoms that may appear 2-14 days after exposure to the virus: Cough, Shortness of breath, or Difficulty breathing.

Or have you or anyone in you household experienced at least two of the following: Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, or New loss of taste or smell.

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 _____