



**In following the guidelines by the CDC and for your safety, please answer the following questions before your eye exam...**

1. **Have you traveled on an airplane during the past 10 days?** If so, from where did you travel?
2. **Have you had any of the following symptoms:**  
Fever of more than 100.5 degrees?  
New or worsening cough that is considered a dry cough?
3. **Have you had close contact (6 feet or less) for a duration of 15 minutes or more with someone diagnosed with COVID-19?**
4. **Do you have any objections to our treating you today for a non-emergency condition?**
5. **Would you rather wait?**
6. **If you would rather wait, are you able to wait 3-4 weeks as COVID-19 restrictions may change such that more people are asked to stay home?** If you need contacts, in most cases, we will provide you with enough to get to your rescheduled appointment.

\*Your personal safety and the safety of our team members is of utmost importance during this time. As always, we thoroughly disinfect each surface after every patient. We wear the recommended Personal Protective Equipment (PPE) as recommended by the CDC. We will manage our schedule and appointment times to minimize any contact with people as you come for your appointment. If you feel uncomfortable in any way regarding receiving treatment today, we will be happy to reschedule your appointment for a later date.

**In order to follow the CDC guidelines and limit the number of people waiting in the reception area, we ask that when you arrive for your appointment to please call to let us know you are here and to please wait in your vehicle for your appointment.**

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Print Name

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Signature

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Date