

PATIENT ADVISORY AND ACKNOWLEDGMENT REGARDING
OPTOMETRY TREATMENT DURING THE COVID-19 PANDEMIC



Dear Patient:

You have presented to the office of Kaye Eyecare today for an optometry appointment or glasses selection. Please be advised of the following:

This office is in full compliance with all current American Optometric Association, Centers for Disease Control and Prevention, and State of Illinois infection control guidelines.

We have taken enhanced health and safety measures to provide a treatment environment which is free of the COVID-19 virus, however, this cannot be absolutely guaranteed.

Our staff are symptom-free, have their temperatures recorded daily, and to the best of their knowledge do not have active COVID-19. However, since we are a place of public accommodation, there is an inherent risk of exposure as other persons (including other patients) could be infected, with or without their knowledge.

By signing this form, you are agreeing to receive services at our office, waiving liability of Kaye Eyecare of Huntley, Ltd, its employees, and its landlord should you be exposed to COVID-19.

Print Patient Name

Signature of Patient / Guardian

Date

You will be asked a number of “screening” questions below.

For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Please answer “yes” or “no” with your initials, to the following questions:

yes **no**

1 _____

Do you have a fever?

2 _____

Do you have any shortness of breath?

3 _____

Do you have a dry cough?

4 _____

Do you have a runny nose?

5 _____

Do you have a sore throat?

6 _____

Within the last 14 days, have you traveled to any foreign country?

7 _____

Within the last 14 days, have you traveled >50 miles away within the US?

If so, where? _____

8 _____

Have you been diagnosed with Covid-19?

If yes, how? ___ presumed ___ tested positive

If yes, when? _____

Have you recovered? ___ yes ___ no ___ unsure

9 _____

Have you had known exposure to anyone with Covid-19?

If so, whom? ___ family member ___ friend ___ coworker ___ other

Was this within the past 14 days? ___ yes ___ no

10 _____ °F

Recorded temperature today (to be completed by technician).

Patients with a temperature of 100.4° or more will be asked to reschedule.