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

Dear Patient:

You have presented today to the office of Kaye Eyecare for an optometry appointment or glasses selection.

This office is in compliance with 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 mitigates the presence of COVID-19 virus, however, this cannot be absolutely guaranteed.

Our Kaye Eyecare Team sincerely thanks you for helping promote staff and patient safety.

Please circle any of the following symptoms you have experienced in the past 10 days, ***even if you believe the symptom(s) is caused by a known medical condition*** *(for example, a runny nose caused by allergies):*

cough	headache	sore throat	congestion or runny nose	vomiting or diarrhea
fatigue	muscle or body aches	fever or chills	difficulty breathing	loss of taste or smell

__________ Please initial if you have not experienced these symptoms in the past 10 days.

Please circle YES / NO for each of the questions below:

YES NO Has anyone in your household experienced the above symptoms in the past 10 days?

YES NO Have you or anyone in your household been recently diagnosed with or suspected of COVID-19?

YES NO Have you been previously diagnosed with COVID-19?

If so, when? __________ / __________
MONTH YEAR

Were you fully recovered in 14 days? YES NO

TEMP (°F)	EMR ENTRY

YES NO Are you vaccinated for COVID-19? If you prefer not to answer, initial here: __________

If so, when was your *most recent* vaccine dose or booster? __________ / __________
MONTH YEAR

In signing my name below, I attest to the accuracy of my responses. I also agree to notify Kaye Eyecare if I become ill with COVID-19 symptoms or test positive for COVID-19 *within 2 days of this appointment.*

______________________	______________________	__________
Print Patient Name	Signature of Patient / Guardian	Date

Thank you!