Office Policy Regarding Eye Exams During the Covid Epidemic

Welcome to the office if you are a new patient, and glad to see you again if you have been here before. This has been a sad and difficult time for all.

In anticipation of your upcoming visit we ask you to read the following information:

We will do our best to keep you safe here in the office, but unfortunately there is always a risk of contracting a Covid infection. This office follows the guidelines of the CDC in attempting to reduce the spread of Covid, but to date no precautions have been shown to be foolproof.

Our staff members will wear masks and continue the practice of washing our hands before and after each patient contact. Be aware, however, that an eye examination is necessarily performed at arms length, closer than the recommended 6 feet. In addition, the doctor and/or her assistant will need to touch you during the exam to place eyedrops. We will notify you of a need for Covid testing or quarantine after an office visit here if there is a report of exposure to the virus within the office.

Patients over the age of 2 years must wear masks. We will do our best to keep an empty waiting room. Only one adult (no siblings) can accompany a child, and we will examine only one family member in a day. We ask that adult patients enter the exam room alone, but children under 18 years of age can of course be examined with one adult companion. While your eyes are dilating, we encourage you to wait in your car. We will call your cell phone when your eyes are ready. Discussions will be limited to the evaluation and treatment of the eyes alone to shorten exposure time.

On the Day of Your Visit, please bring the following:

- 1. Covid Questionnaire (attached) filled out on the morning of your appointment
- 2. Patient Information sheet filled out completely even if you are an established patient
- 3. Copy of your insurance card/cards

Please do <u>NOT</u> scan, email or text any of these documents to the office in advance as they contain private health information. Completing the forms before you enter the office, however, will speed up the administrative process and reduce your time in the waiting room.

Office Policy Regarding Eye Exams During the Covid Epidemic

PLEASE ANSWER THE QUESTIONS ON THIS QUESTIONNAIRE <u>ON THE MORNING OF</u> <u>YOUR APPOINTMENT</u> AND BRING THIS AND THE PATIENT INFORMATION FORM (ATTACHED) TO THE FRONT DESK AT THE TIME OF YOUR APPOINTMENT.

Y_ N_ Do you or your child have a fever or any other acute illness today?

Please check if you or your child have had any of these symptoms in the past 24 - 48 hours:

() Cough () Runny Nose () Shortness of Breath () Sore Throat () Diarrhea () Nausea or vomiting () Body Aches () Headache

- Y_ N_ Have you tested positive to Covid-19 in the last 90 days?
- Y__N__ Have you been exposed to anyone with a Covid infection in the last 2 weeks?
- Y_ N_ Have you traveled outside of Maryland in the last 2 weeks?
- Y_ N_ Have you received a Covid vaccine?

By signing below, I confirm that I have read the above information and have acknowledged any health symptoms. I understand that there is a potential risk of contracting Covid by entering a medical office. I understand that it is my right to cancel today's appointment <u>without financial risk</u> and that I may reschedule in a timely manner if I am not comfortable proceeding with an eye examination today or if the doctor determines that I am not well.

Signature: _____

Date:_____

If you are not the patient, please indicate your relationship to the patient below: