

Coronavirus (COVID-19) Patient Agreement

Thank you for allowing us to take care of your ocular needs. We are trying our best to limit the spread of the Coronavirus and to help protect our staff and other patients in the office so that they remain safe and healthy.

While we are taking enhanced health and safety precautions to keep the office safe for our patients, guests, and staff members, please understand that there is an **inherent risk of exposure** to COVID-19 in any public place. We are **not** responsible if there has been exposure to COVID-19 from our office.

By reading and signing this document, you attest to the following:

1. That you, or anyone in your household, has **not** tested positive for COVID-19, or has **not** displayed any of the major symptoms relating to COVID-19 such as fever, shortness of breath, etc. in the past 2-3 weeks
2. Patients who have been **exposed** to COVID-19 recently **must** either: a. Have *exceeded* the recommended **14 day** period *without any symptoms* related to COVID-19 prior to the appointment or,
b. Have been tested **negative** for COVID-19 prior to the appointment.
3. Patients that have tested **positive** for COVID-19 in the past few weeks, you must test **negative** prior to coming to your appointment

If any of these conditions are not met, we are more than happy to reschedule your appointment to a later date.

Patient Name: _____ Signature: _____ Date: _____