

## COVID-19 PATIENT SCREENING FORM

Our records indicate you have an upcoming appointment with our office on

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Due to the COVID-19 global pandemic, we ask that you complete this form. **We will not be able to accommodate your appointment without having received this before your appointment.**

In order to safeguard our optometry practice and the rest of our community, we ask that you arrive at the office wearing a face mask. You will not be allowed entry without a face mask. If we have an adequate patient protective equipment (PPE) supply, we will provide you with a new face mask before you leave our office.

If you are experiencing any symptoms related to COVID-19, we ask that you do not come to our office at this time. Symptoms are indicated below:

- Cough
- Shortness of breath
- Difficulty breathing

Or any two of the following:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Please consult your medical provider if you have any other severe symptoms that concern you.

If you develop any of the following symptoms (warning signs) for COVID-19, seek emergency medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest