

COVID-19 Pandemic Emergency Eye Care Treatment Consent Form

I, _____, knowingly and willingly consent to have emergency eye care treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

- I understand that due to the frequency of visits of the other optometric patients, the characteristics of the virus, and the characters of optometric procedures, that I may have an elevated risk of contracting the virus simply by being in an optometric office. _____(Initial)
- I have been made aware of aware of the CDC and AOA guidelines that under the current pandemic all non-urgent optometric care is not recommended. Visits should be limited to the treatment of pain, infection, conditions that significantly inhibit eye health or vision, and issues that may cause anything listed above within the next 3-6 months. _____(Initial)
- I confirm I am seeing treatment for a condition that meets these criteria. _____(Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Loss of Smell
- Loss of Taste

_____(Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I also understand that the CDC recommends social distancing of at least 6 feet of a period of 14 days to anyone who has traveled recently, and this is not possible with optometry. _____(Initial)

- I verify that I have no traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____(Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____(Initial)

Name: _____ Date: _____