



COVID-19 Pandemic Essential Eye Exam and Treatment Consent Form

Patient Name: _____ DOB: _____ Date: _____

Telephone number: _____

Please read **and initial** next to the following statements to indicate your agreement. If you cannot positively affirm to all of these questions, you will be asked to postpone or reschedule your visit to a later date.

_____ I do not currently, nor have I had in the last two weeks, a fever, cough, sore throat, loss of smell/taste or any other symptoms related to COVID-19 per the Centers for Disease Control (CDC).

_____ To the best of my knowledge, I do not have, nor have I been in direct contact with someone who has confirmed diagnosis of COVID-19 or a presumptive positive COVID-19 test result in the last 30 days.

_____ Neither I, nor anyone living in my household, have traveled outside of the state in the last 14 days.

I have read the above statements and answered the health questions above honestly and to the best of my knowledge. I understand Middlebury Eye Associates, Inc., its doctors, and staff are taking precautions to limit any potential exposure I may have to the COVID-19 virus. I also understand there is no definitive way to completely eliminate potential exposure.

By signing this form below, I agree I will not hold Middlebury Eye Associates, Inc., its doctors, or staff personally responsible should I, or someone I come in contact with, become positive or presumptively positive diagnosis with the COVID-19 virus. There are certain inherent risks associated with an eye exam during a pandemic and I assume full responsibility for personal illness that may result and further release and discharge Middlebury Eye Associates, Inc. and its doctors, and staff for injury, loss, or damage arising out of my visit. I understand that COVID-19 Infection can lead to illness, disability, or even death and knowingly take the risk of exposure as I deem my eye exam to be essential to the maintenance of my vision.

Duke university published a study of the effectiveness of different mask types. Bandanas and gaitors were shown to be ineffective against the spread of COVID-19. Gaitors were found to be worse than wearing no mask at all. If a patient shows up for their appointment wearing one of these styles of mask, we will kindly ask you to remove it and we will provide you with a paper or cloth mask to wear for the duration of your time in our office. You can find more information on this study by following this link: https://www.washingtonpost.com/lifestyle/wellness/mask-test-duke-covid/2020/08/10/4f2bb888-db18-11ea-b205-ff838e15a9a6_story.html

I agree to follow the posted protocol for office visits instituted by Middlebury Eye Associates, Inc.

Signature: _____ Date: _____

Parent/Guardian printed name: _____

Temperature: _____ @ time: _____