



Eye Examination and Treatment Consent Form COVID-19 Pandemic

Please read, initial, and sign. If you are unable to positively affirm all of these questions, you will kindly be asked to reschedule your appointment to a later date.

_____ I confirm that I have not tested positive for COVID-19 in the last 30 days and that I do not currently have, nor have I had, the following symptoms in the last 2 weeks:

- Fever of 100 degrees or higher
- Dry cough - Shortness of breath
- Sore throat
- Loss or diminished sense of taste/smell

_____ To the best of my knowledge, I have not had close contact or direct contact with someone who has tested positive for, or presumed to have, COVID-19 in the 14 days.

_____ I confirm that neither I, nor anyone living in my household, have traveled outside of the United States in the last 14 days. I confirm that I have not traveled by commercial airlines in the last 14 days.

_____ I understand that at Visual Paradise Optometry, Inc., the doctors and staff members, are taking precautions to limit any potential exposure that I may have to the COVID-19 virus. I also understand that there is no definitive way to completely eliminate potential exposure. I further understand that even with all precautions taken, I may have an elevated risk of contracting the virus simply because of the nature of an eye examination (close quarters/confined space for more than 15 minutes). I understand that, by entering Optometry at The Shops, I voluntarily assume all risks related to COVID-19.

_____ I understand that the COVID-19 infection can lead to illness, disability, or less commonly death and I knowingly and willingly consent to receive an eye examination at Visual Paradise Optometry, Inc., during the COVID-19 pandemic.

Patient's Name (please print)

Signature (Patient/Legal Guardian)

Date