



COVID-19 Pandemic Eyecare and Treatment Consent Form

Your Name:

DOB:

First

Middle

Last

MM/DD/YY

Please read the following statements and **circle** YES or NO next to the following statements. If you cannot positively affirm to all these questions, you will be asked to postpone or reschedule your visit to a later date.

1. YES NO I have traveled to a high-risk country or a highly impacted area affected by COVID-19 in the last 30 days.
2. YES NO I have had close contact with a person who tested positive for COVID-19.
3. YES NO I have had signs of fever, sore throat, dry or persistent cough, difficulty breathing, shortness of breath, loss of taste/smell or any other cold symptoms in the last 30 days. If YES, please list symptoms:
4. YES NO I have answered the health questions above honestly and to the best of my knowledge. I understand that B-Town Eyecare, its doctors and staff members are taking precautions to limit any potential exposure I may have to the COVID-19 virus. I also understand that there is no definitive way to eliminate potential exposure by 100 percent.

By signing this form below, I agree that I will not hold Burien Eyecare Center (DBA B-Town Eyecare) or any of its doctors or staff members 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 any personal illness that may result and further release and discharge B-Town Eyecare and its doctors and staff members 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.

Signature:

Date:

Please Note

All patients will be screened over the phone and upon arrival for COVID-19 related symptoms. This will include a temperature check with a non-contact thermometer. You will be required to wear a mask during the entire duration of your visit. We ask all patients to adhere to the social distancing requirement of 6 feet/2 meters apart. Only the patient is allowed in the facility unless the patient is a minor or requires additional assistance by a caretaker, interpreter, or a family member.