

NORTH LAKE EYECARE OPTOMETRY
COVID 19 Patient Questionnaire

The safety of our staff, families, and patients remain our optometric practice overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and patients, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this office. Thank you for your time.

Patient's Name: _____

1. Have you traveled outside of the United States within the last 14 days?

Yes No

2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes No

3. Have you been in close contact with anyone who has traveled within the last 14 days outside of the United States?

Yes No

4. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?

Yes No

If you have a facial mask (surgical or cloth), please wear it to your appointment. We ask that the patient ONLY comes to the appointment. If the patient is a minor, then ONE adult only may accompany the patient. We are required to limit the amount of people in our office.

Patient Signature

Date