



Temporary Covid-19 Protocol

We can't take any chances with the health and welfare of our patients and our staff, so for the time being, we will institute a protocol designed for the safety of all. It is important that we all follow the protocol faithfully. If we don't comply with all the safety guidelines, we could be back in quarantine. We sure don't want *that!*

Bring your own mask – either one made to fit or a clean kerchief covering your nose and mouth. We are limiting the number of people inside the office at any one time in order to maintain social distancing. Please come to your appointment alone. If the patient is a young child or someone who must be accompanied by a caretaker, they must be accompanied by only *one* adult. If the appointment is for yourself, please leave the children at home.

The following are a few questions about your current health status and about your family. It is required. You can print and answer from your computer, but you must sign and date when you are with staff on the date of your visit. We will need a form from *anyone* who will be entering our office, including a parent or caretaker. If you arrive without this form, you will be asked to complete the form at the office before you see a doctor or optician.

1. Are you experiencing any symptoms of a cold, allergies or flu?
 - a. Stuffed up or runny nose ___ Yes ___ No
 - b. Coughing (especially a dry cough, without much phlegm or sputum) ___ Yes ___ No
 - c. Fever/chills/sore throat ___ Yes ___ No
 - d. Head or body aches ___ Yes ___ No
 - e. Dizziness ___ Yes ___ No
 - f. Shortness of breath ___ Yes ___ No
 - g. New loss of taste or smell ___ Yes ___ No
2. Are you aware of having been in *contact* with anyone experiencing those symptoms, or with someone being investigated for or diagnosed with covid-19? ___ Yes ___ No
3. Have you recently traveled internationally, *or* by commercial plane, *or* attended an event or gathering in a group of people (over 5), except for your household members? ___ Yes ___ No
4. What is your age (___ age) and do you have *any* underlying medical issues (cardiac, diabetes, immunological, etc.), *especially* any history of pulmonary/respiratory issues? ___ Yes ___ No
5. Do you have an elderly family member living in your home or with whom you must have frequent contact? ___ Yes ___ No

If the answer to questions 1 through 4 is yes, you must schedule later. If you have an emergency, the doctor must decide about the seriousness of your complaint. If you answered yes to question 5 *only*, remember that persons over 65 years of age are especially vulnerable, and you may want to consider scheduling at a later date.

Please be advised that your signature constitutes your acknowledgment that you have been informed about your responsibility to provide truthful information, that you understand the risks you may encounter when leaving your home to interact with other citizens and that you are consenting to treatment.

Signature

Date