

Cerritos 2020 Optometry

COVID-19 Pandemic Essential Eye Exam and Treatment Consent Form

Dear Valued Patient,

Thank you for your patience and understanding during these challenging times. We have been diligently preparing new protocols and are looking forward to resuming 'normal' operations.

We have taken protective measures as outlined by the American Optometric Association (AOA), Centers for Disease Control (CDC), and Occupational Safety & Health Administration (OSHA) to ensure that our patients and staff remain healthy as we continue serving our community.

Please see the following changes that we have implemented for your safety:

Prior to appointment:

- Please inform us **PRIOR** to arrival if you or anyone in your household are experiencing **COVID-19 symptoms in the last 3 weeks**. These include, but are not limited to fever, cough, shortness of breath, loss of taste or smell and stomach upset. We will be happy to reschedule your appointment to a later date.
- To expedite your time in the office, paperwork will need to be completed to reserve an appointment time via *DocuSign*. You will be sent a link for payment for co-pays and examination fees prior to your visit via *Text to Pay*.
- All patients will have their temperature and blood oxygen levels measured (*Oximeter*), and will be asked to use hand sanitizer prior to entering office.

Optical Fitting:

- Due to current circumstances, we are limiting the number of people within the Optical sales area. Please be respectful of time while shopping for glasses, as all patients are scheduled to shop by appointment. Patients that are already in the office for a scheduled exam will automatically have a timeslot reserved for them following their exam.
- We currently use *OpticWash* to thoroughly clean and sanitize ALL frames before and after your visit.
- Upon completion, frames can be picked up and adjusted by appointment.
- Repairs and adjustments by appointment only.

During appointment:

- We will be reducing the number of patients in our office to allow adequate social distancing. We ask all patients **arrive to their appointment on time** so we can limit the number of patients in the office. We will do our absolute best to see all our patients on time. Missed or late appointments will not be able to be rescheduled for 3 weeks.
- We will have breath shields up throughout the office to limit potential viral spread.
- As mandated by the county of Los Angeles, **all staff and patients will be asked to wear a protective face mask in the office**. For those finding themselves without a mask upon arrival, we have disposable mask for \$1 and/or reusable cloth masks (with filter pocket) for \$5.
- We will keep the waiting room free from food and toys. Our staff will disinfect all patient areas thoroughly throughout the day with CDC approved disinfectant surface cleaner.
- We recommend that you avoid an appointment if you are a high-risk patient with a compromised immune system seeking only routine care.
- To minimize the number of people in the office, we ask, for patients to come to the appointment alone. Should you need assistance (i.e. younger children and elderly adults), please contact our office so we can accommodate the situation.
- Only 4 patients will be allowed into the office at one time (each will be in different rooms/areas). Our door will be manned or locked to allow for adequate social distancing for the safety of our patients and staff.

- Each room will be thoroughly sterilized, and protective coverings established to help prevent potential patient cross-contaminations.

Our **highest priority is the safety to our patients**. We appreciate you and the trust you have placed in our doctors and staff. Please note that these are the changes that we have instituted to help keep you safe. Your cooperation is vital in making sure that everyone is protected.

We all have loved ones that may be vulnerable. Our staff and I have known personal tragedies due to this pandemic and ask all to be respectful of the health of others. For the safety of all, we will turn away any patients refusing to comply with these changes. While we are in the business of service, at these crucial times, safety and health supersedes convenience. Please initial next to the following statements and sign below indicating that you have read, understand and agree to these statements and to the changes in our clinic.

Wishing you the best of health,

Dr. Annalisa Fernando-Langit
Dr. Sharon Mallari Bolado
Cerritos 2020 Optometry Team

Please read the following statements and INITIAL next to the statements to indicate your agreement. If you are unable to positively affirm ALL of the statements below, you will be kindly asked to reschedule your visit with us to a later date.

____ **I DO NOT currently, nor have I had in the last 3 weeks, a FEVER, COUGH, SHORTNESS OF BREATH, LOSS OF TASTE OR SMELL, STOMACH UPSET, OR ANY OTHER COLD, FLU, or possible COVID-19 SYMPTOMS.**

____ **To the best of my knowledge, I do not have, nor have I been in direct contact with someone who has a CONFIRMED DIAGNOSIS OF COVID-19 or A PRESUMPTIVE POSITIVE COVID-10 TEST RESULT in the last 30 (thirty) days.**

____ **Neither I, nor anyone living in my immediate household, have TRAVELED OUTSIDE OF THE STATE in the last 30 (thirty) days.**

I have answered the health statements above honestly and to the best of my knowledge. I understand that Cerritos 2020 Optometry APOC, its Doctors, and staff are taking necessary precautions to limit any potential exposure I may have to the COVID-19 virus. I understand that there is no definite way to eliminate potential exposure by one hundred percent.

By signing this form below, I agree that I will not hold Cerritos 2020 Optometry APOC or any of its Doctors or staff personally responsible should I, or someone I come in contact with, become positive or presumptively positively diagnosed 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 I further release and discharge Cerritos 2020 Optometry APOC and it's doctors and staff or any injury, loss, or damage arising out of my visit. I understand that COVID-19 infection can lead to illness, disability, or even death and I knowingly take the risk of exposure as I deem my eye exam to be essential to the maintenance of my health and vision.

Print Full Legal Name

Signature

Date

For Patients under 18 years of age:

Parent/Legal Guardian Full Name

Parent/Legal Guardian Signature

Date