



Sager Eye Care Center
823 N. Nob Hill Road
Plantation, FL, 33324
954-476-7631

COVID-19 Pandemic Essential Eye Exam and Treatment Consent Form

Patient Name: _____ DOB: _____

Please read the following statements and initial next to the statements to indicate your agreement.

- _____ I do not currently, nor have I had in the last two weeks, a fever, cough, sore throat, loss of smell/taste of other cold 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-19 test result in the last 30 (thirty) days.
- _____ Neither I, nor anyone living in my immediate household has traveled outside of the state in the last 30 (thirty) days.

I have answered the health questions above honestly and to the best of my knowledge. I understand that Sager Eye Care Center, its doctors and staff 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 one hundred percent.

By signing this form below, I agree that I will not hold Sager Eye Care Center or any of its doctors or staff personally responsible should I or someone I come in contact with, become positive or presumptively positive diagnosed with the COVID-19 virus.

We are practicing all preventative measures put forth by the Centers for Disease Control, including the use of alcohol and bleach-based disinfectants that are commonly used by Optometrists and Ophthalmologists to disinfect our instruments and furniture. The same disinfection practices we already used to prevent office-based spread of viruses are happening before and after every patient encounter. We greatly appreciate your understanding of our new social distancing protocols at this time.

Signature

Date