



Dr. Ilan Cohen
Cornea & Cataract Surgery

Dr. Krishna Morar
Comprehensive Eye Care

Dr. Nancy Argano
Comprehensive Eye Care

Dr. Nathalie Chen
Comprehensive Eye Care

COVID-19 Pandemic Treatment Consent Form

Patient Name: _____

Date: _____

Please read and initial next to the following statements. If you cannot positively affirm all of these questions you will be asked to postpone your appointment to a later date.

_____ I do not currently have, or have had in the last two weeks a fever, cough, shortness of breath, loss of taste or smell.

_____ To the best of my knowledge, I have not been in direct contact with someone who has confirmed diagnosis of COVID-19, nor been around anyone experiencing symptoms as described above.

By signing this form, I agree that I will not hold Cohen Eye Institute or any of its doctors or staff personally responsible should I, or someone I come in contact with, become positively diagnosed or presumed positive with the COVID-19 virus. There are certain inherent risks associated with receiving eyecare during a pandemic and I assume full responsibility for personal illness that may result and further release and discharge Cohen Eye Institute and its doctors and staff from 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 vital to the maintenance of my vision.

Signature: _____