

# Supplemental Health Questionnaire

If you have been exposed to a communicable disease, you may spread the disease to the ophthalmologist, optician and office staff, or other patients in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Please note: If you are an older patient, please come to the appointment by yourself. If the patient is a child, please only have one person accompany the child to the appointment.

\*Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 in the last 30 days or any other communicable disease?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? Date: \_\_\_\_\_ \*Do you or your child or other recent acquaintances have:

- A fever (defined as above 99.6 degrees) Yes \_\_\_\_\_ No \_\_\_\_\_
- A cough? Yes \_\_\_\_\_ No \_\_\_\_\_
- Shortness of breath and /or trouble breathing? Yes \_\_\_\_\_ No \_\_\_\_\_
- Persistent pain, pressure or tightness in the chest? Yes \_\_\_\_\_ No \_\_\_\_\_
- Loss of sense of smell? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- Living in a congregate living facility? (e.g. skilled nursing facility) Yes \_\_\_\_\_ No \_\_\_\_\_
  
- Are a hemodialysis patient? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's appointment.

Thank you!

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Patient/parent's signature

Date