

Supplement Health Questionnaire

Optometry/Ophthalmology Treatment in the Era of COVID-19

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

Do you, your child, others accompanying you today or anyone else you have recently been in contact with

have any of the following symptoms?

- **Fever (*defined as above 100.4° F degrees*)?** Yes No
- **Cough?** Yes No
- **Shortness of breath and/or trouble breathing?** Yes No
- **Persistent muscle pain, pressure or tightness in the chest?** Yes No
- **New loss of taste or smell?** Yes No

Have you or others accompanying you to today's appointment traveled outside of our local area or outside of the US within the past 14 days? Yes No

Have you, your child, others accompanying you today or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease? Yes No

If yes provide approximate dates of illness _____

(symptom start date / symptom end date)

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

Patient Name _____

Parent/Guardian Name (if applicable) Relation _____

Patient/Parent/Guardian Signature _____

Date _____