

EyeCare Associates Optometric Group

MICHAEL C. MORRIS, O.D.

THEAR BUN, O.D

COVID-19 - Information and Informed Consent Form

During the COVID-19 Pandemic we have been forced to modify our office and exam procedures. Please note the following:

- While in the office all patients must wear a face mask (cloth or surgical) that covers their nose and mouth.
- All patients will be given hand sanitizer and have their temperature taken upon arrival. Patients whose temperature is over 100° may need to reschedule their appointment.
- Please use your own pen to fill forms. If you do not have one, a pen will be provided and is yours to keep.
- Only the patient may go into the exam room. Any person who accompanies the patient must wait in their car or the Lakes quad area between the buildings.
- Because a retinal evaluation is an essential part of an eye health examination, and close contact ophthalmoscopy is not possible (due to COVID-19), Optos™ wide field retinal scans are mandatory and will be performed on all patients at a significantly reduced fee of \$20.00.

EyeCare Associates Optometric Group (“ECA”) is taking all reasonable precautions recommended for optometrists by the Centers for Disease Control and Prevention who are providing eye care and related services to patients during the COVID-19 crisis, and is following the recommendations of the American Optometric Association and our local state regulatory authorities. Additionally, ECA is screening its employees and patients to ensure that no employee or patient is currently suffering any of the known symptoms of COVID-19, including running a fever, having a dry cough, or experiencing shortness of breath.

However, it is also known that those without symptoms may still be capable of infecting others as an asymptomatic individual with COVID-19 and despite precautions taken the virus may still be present and capable of infecting individuals. Knowing this information, I voluntarily elect to continue with my scheduled appointment with ECA and I hereby acknowledge that I do so having first been informed and understanding that it is not possible to guarantee a virus-free or infection risk-free environment, but I am willing to assume that risk.

I affirm that I am at least 18 years of age and am freely signing this agreement or that I am signing on behalf of a minor child that I have the legal authority to sign such agreements on behalf of. I have read this form and fully understand that by signing it I accept and agree to abide by the preceding statements, and that I am accepting the known risk of becoming infected with the COVID-19 virus.

Dated: _____/_____/_____

Patient: _____

Print Name: _____

Relationship: _____

Signature: _____