

Pamel Vision and Laser Group Covid-19 Consent For Examination, Diagnostic Testing and Office Procedures

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or flu, you may be exposed to COVID-19, also known as the “Coronavirus,” at any time or in any place. Please be assured that we have always followed state and federal (CDC) guidelines as recommended as well as universal personal protection and disinfection protocols to limit transmission of all diseases in our offices.

Despite our careful attention to sterilization, disinfection, the use of our personal barriers and personal protection equipment (PPE), there is still a chance that you could be exposed to COVID-19 during your visit, just as you might be at other places of business. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the examinations and procedures we provide, it is not possible to maintain social distancing between the patient, physician, and physician staff, and sometimes other patients at all times.

Although exposure to COVID-19 in our offices is unlikely, do you accept the risk and consent to undergoing recommended examinations and diagnostic measurements?

A. Yes

B. No

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

Do you or anyone you have recently been in contact with have any of the following symptoms?

Fever (defined as above 99.6 degrees)?

A. Yes

B. No

Cough?

A. Yes

B. No

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Do you or anyone you have recently been in contact with have any of the following symptoms?

Shortness of breath and/or trouble breathing?

A. Yes

B. No

Persistent pain, pressure or tightness in the chest?

A. Yes

B. No

Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

A. Yes

B. No

I understand that although COVID-19 transmission in this office is unlikely, I'm willing to accept the risk and to undergo the recommended examinations, diagnostic measurements and/or treatments today.

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

Patient Name: _____

Signature: _____

Date: _____