

Griffin Optometric Group

COVID-19 Pandemic Essential Eye Exam and Treatment Consent Form

Please read the following statements and check each space next to each statement to indicate your agreement. If you cannot positively affirm to all of these questions, you will be asked to postpone or reschedule your visit to a later date.

____ I do not currently, nor have I had in the last two weeks a fever, cough, sore throat, loss of smell/taste or other cold symptoms.

____ To the best of my knowledge, I do not have, nor have I been in direct contact with someone who has a confirmed diagnosis of COVID-19 or a presumptive positive COVID-19 test result in the last 30 days.

____ Neither I, nor anyone living in my immediate household, have traveled outside of the state in the last 30 days.

I have answered the health questions above honestly and to the best of my knowledge. I understand that the Griffin Optometric Group, its doctors and staff are taking precautions to limit any potential exposure I may have to the COVID-19 virus. I also understand that there is no definitive way to eliminate potential exposure by one hundred percent.

By signing this form below, I agree that I will not hold Griffin Optometric Group or any of its doctors or staff personally responsible should I, or someone I come in contact with, become positive or presumptively positive diagnosed with the COVID-19 virus. There are certain inherent risks associated with an eye exam during a pandemic and I assume full responsibility for personal illness that may result and further release and discharge Griffin Optometric Group and its doctors and staff for 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 as I deem my eye exam to be essential to the maintenance of my vision.

Print name

Signature

Date