COVID 19 Pandemic Essential Eye Exam and Treatment Consent Form

Patient Name:	DOB:	Today's Date:
Please read the following statements and initiagreement. If you can not positively affirm reschedule your visit to a later date.		•
I do not currently, nor have I had in or other cold-like symptoms.	the last 2 weeks,	a fever, cough, sore throat, loss taste/smel
To the best of my knowledge, I do n who has a confirmed diagnosis of COVID-1 last 30 days.		e I been in direct contact with someone we positive COVID-19 test result in the
On April 17, 2020, Governor Abbott issue to postpone health care procedures and se		
I have read the above stated executive order the best of my knowledge. I understand that precautions to limit any potential exposure I there is no definitive way to eliminate potential below, I agree that I will not hold Jolly Good responsible should I, or someone I come in a diagnosed with the COVID-19 virus. There during a pandemic and I assume full responsible release and discharge Jolly Good Eye Care a out of my visit. I understand that COVID and knowingly take the risk of exposure a maintenance of my vision and eye health.	t Jolly Good Eye may have to the tial exposure by o d Eye Care or any contact with, beco are certain inhere sibility for person and its doctors and 1-19 infection car as I deem my eye	Care, its doctors, and staff are taking COVID-19 virus. I also understand that one hundred percent. By signing this form of its doctors or staff personally ome positively or presumptively positive ent risks associated with an eye examulal illness that may result and further d staff for injury, loss, or damage arising a lead to illness, disability, or even death
Print Name		
Signature		Date