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Vision Source Meyer Park
www.VisionSource-meyerpark.com

**TREATMENT CONSENT FORM**
**COVID-19**

_____ I consent to receive treatment from Vision Source Meyer Park during the COVID-19 outbreak.

_____ I understand there is much to learn about the newly emerged COVID-19 including how it spreads and is transmitted.

_____ I understand that based on what is currently known about COVID-19, the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

_____ I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious.

_____ I understand that due to the unknowns of this virus, the number of other patients that have been in the practice and the nature of the procedures performed here, that I have an increased risk of contracting the virus by being in the practice and by receiving treatment in the practice.

_____ I understand that the symptoms listed below are representative of COVID-19:
FEVER DRY COUGH SHORTNESS OF BREATH TEMPERATURE
PERSISITANT PAIN OR PRESSURE IN THE CHEST BLUISH LIPS OR FACE

_____ I confirm that I do not display or currently have any of the symptoms that are representative of COVID-19, which are outlined above.

_____ I understand that all travelers arriving from a country or region with widespread ongoing transmission, as outlined by the CDC, should stay home for 14 days to practice social distancing and monitor their health after their arrival.

_____ I confirm that I have not traveled to any of the countries/regions with widespread ongoing transmission (Level 3 Travel Health Notice) in the past 14 days.

_____ I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days.

_____ _____
Patient or Guardian Signature (if patient is a minor) Date

_____
Print Name