

## COVID-19 updated Protocol effective September 7, 2021

Dear Patients,

The number-one priority of the Mack Eye Center is the safety and well-being of our doctors, team members, and patients. Because of the COVID-19 virus, we have implemented additional protocols effective September 6, 2021, to help protect all those who step into our practice. We ask that all patients complete the COVID-19 Health Screening, please be ready to provide our staff a copy of your COVID-19 vaccination card or proof of a negative COVID-19 test taken within 48 hours of your scheduled appointment. There are no exceptions. Please access the forms through the below link please print, complete, and bring them with you to your appointment.

COVID-19 screening link

Here are some additional new procedures you can expect at your appointment:

- We request that all visitors over the age of two (2) wear a mask over your face and nose during your entire stay at our office. If you don't have one, we will provide one when you arrive.
- If you have not completed the above COVID-19 form, you will be asked to complete them when you arrive.
- We ask that patients come alone to their appointment. Exceptions will be made for one parent of a child (no siblings will be permitted), an interpreter, or family member or caregiver for a patient who needs physical or mental support during their visit. VISITORS must provide covid 19 vaccine card or proof of a negative COVID-19 test taken within 48 hours of scheduled appointment.
- We request that all visitors maintain a 6-foot distance from others while in the practice.
- Doctors and team members may wear additional personal protective equipment, such as face shields, exam gloves during exams/treatment.

Our doctors and team members have worked extensively to ensure your safety and well-being while in our care. We want to ensure you can feel comfortable visiting us at your next appointment. As always, if you have any questions, please do not hesitate to contact us.

Sincerely,  
Robert Mack, M.D. & staff



Mack Eye Center

### COVID-19 PATIENT SCREENING QUESTIONNAIRE

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? Fever or feeling feverish  Yes  No
2. Cough  Yes  No
3. Shortness of breath or difficulty breathing  Yes  No
4. Sore throat  Yes  No
5. New loss of taste or smell  Yes  No
6. Chills  Yes  No
7. Head or muscle aches  Yes  No
8. Nausea, diarrhea, vomiting  Yes  No
9. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?  Yes  No
10. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?  Yes  No.
11. Have you been tested for COVID-19?  Yes What was the result?  
\_\_\_\_\_ Date you were tested  
\_\_\_\_\_  No
12. . In the past 14 days, have you been on a commercial flight or traveled outside of the United States?  Yes  No
13. Are you fully vaccinated for COVID-19  Yes  No?

I refuse vaccination

I don't qualify for vaccination

### Certification

**\*\*Please return this form to the front desk when completed\*\*** By signing below, you certify that the answers above are true. Failure to answer truthfully or withholding information intentionally will lead to immediate dismissal from our practice and may be subject to applicable laws during this pandemic.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date