

Williamson Eye Group, PC
dba Eyedentity Eyecare

Intake COVID-19 Screening Questionnaire for all patients and others allowed building access:

This questionnaire is to be provided to the patient through online forms or US Mail at initial patient telephone contact while making appointment for the patient to review, sign, and bring with them on day of visit. All questions and concerns are addressed, and answers must all be “NO” ***prior*** to patient admittance into office.

- i. Optometric practices should screen patients, visitors and staff members for symptoms of COVID-19 prior to and/or upon their arrival at the facility, including utilizing [non-contact temperature readers](#). The CDC defines a fever as a temperature at or above 100.4°F.
 1. Have you or a family member tested positive for COVID-19?
 2. Have you had close contact with a confirmed, suspected, or quarantined case of COVID-19?
 3. Have you traveled outside of the Nashville Metro area in the last 14 days?
 4. Are you caring for a family member who is ill?
 5. Do you have a cough?
 6. Do you have shortness of breath?
 7. Have you had a fever in the last 48 hours?
 8. Have you had vomiting or diarrhea in the last 24 hours?
 9. Do you have chills, shaking with chills, muscle pain, headache or sore throat?
 10. Do you have loss of taste or smell?
 11. If you report being ill or appear ill, you do not come for your appointment or into our office. Consult and/or seek medical care from your primary care physician (PCP) the same day.
 12. If you are experiencing emergency warning signs for COVID-19, then seek medical attention immediately:
 - a. Trouble breathing.
 - b. Persistent pain or pressure in the chest.
 - c. New confusion or inability to arouse.
 - d. Bluish lips or face

Following CDC and state health department guidelines to limit building capacity, visitors and family members are not allowed in the building during your appointment unless they are your care provider.

I have read the above questions and all answers are NEGATIVE/NO.

Patient signature/date/time of visit: _____