



Eastgate Optometry Care
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Thank you for choosing Eastgate Optometry Care. Your health and safety are our primary focus. The American Optometric Association (AOA) and other optometry-focused organizations continue to provide updates on the signs and symptoms of COVID-19 and the ongoing efforts to understand and control the spread of the disease. They offer guidance on the best way to safely provide patient care based on these understandings. In line with the AOA's guidance and in effort to help protect our patients and staff against the spread of COVID-19, we ask that you please answer the following questions:

	<u>YES</u>	<u>NO</u>
1. Have you or anyone in your household had a fever in the last 3 days?		
2. Have you or anyone in your household had respiratory symptoms (cough and shortness of breath), flu-like symptoms in the last 7 days?		
3. Other than healthcare professionals working in patient care, are you currently providing care for anyone who has been diagnosed with COVID-19, or have you come in contact with someone with a confirmed case of COVID-19 in the last 14 days?		
4. Are you or anyone in your household under voluntary or involuntary quarantine in the last 14 days?		
5. Have you or anyone in your household traveled internationally or to an area with community spread of COVID-19 in the last 14 days?		

We are practicing all preventative measures required by the CDC and optometric specific guidelines put forth by AOA. And we appreciate your understanding of our new social distancing protocols at this time

If you answered yes to any of the above questions, someone will speak to you about our COVID-19 protocol.

Patient Signature _____ Date _____