



New Office Policies
Effective May 27, 2020

During these uncertain times of the COVID-19 pandemic, we Ashland Family Eyecare, LLC are taking extra precautions for your safety and the safety of all of our staff. We want to inform you of these important changes prior to your arrival so that your visit runs as smoothly as possible. Please review this document, sign and initial below.

1. Please wear a facial covering to your appointment. You will not be allowed in the office without one. No exceptions.
2. Please do not bring anyone with you to the appointment as we are trying to limit the amount of people in the office. Only the patient will be admitted to the office unless they are a minor or in need of extra assistance.
3. The front door at Moody Optical may be locked. You may knock or call 508-881- 4800 to be let in. One of our staff members will greet you at the door. Your temperature will be taken at that time. If your temperature is above 99.9, you will be asked to reschedule your appointment.
4. Upon entering the office you will be asked to wash your hands or use hand sanitizer. Someone will then bring you directly to an exam room.
5. Please be patient with us and expect your exam to take a little longer than usual.

Patient Name: _____ DOB: _____ Date: _____

Please read the following statements and initial next to the following statements to indicate your agreement. If you cannot positively affirm to all of these questions, you will be asked to postpone or reschedule your visit to a later date.

_____ I have read and agree to the new office policies.

_____ I do not currently, nor have I had in the last two weeks, a fever, cough, sore throat, loss of smell/taste or other cold symptoms.

_____ To the best of my knowledge, I do not have, nor have I been in direct contact with someone who has confirmed diagnosis of COVID-19 or a presumptive positive COVID-19 test result in the last 30 (thirty) days.

_____ Neither I, nor anyone living in my immediate household, have traveled outside of the state in the last 30 days. By signing this form below, I agree that I will not hold Ashland Family Eyecare, LLC or its doctor personally responsible should I, or someone I come in contact with, become positive or presumptively positive diagnosed with the COVID-19 virus. There are certain inherent risks associated with a medical exam during a pandemic, and I assume full responsibility for personal illness that my result and further release and discharge Ashland Family Eyecare, LLC and its doctor for injury, loss or damage arising out of my visit. I understand that COVID-19 infection can lead to illness, disability, or even death and knowingly take the risk of exposure as I deem my exam to be essential to the maintenance of my vision.

PRINT LEGAL NAME

SIGNATURE

DATE