

PATIENT SCREENING QUESTIONNAIRE AND ACKNOWLEDGEMENT

As Grand Blanc Eyes prepares to reopen our office, we need to take steps to ensure the safety of all patients and employees. Because of this, we need information from you regarding your current health and we need to provide you with information about what we expect when you enter our office. For your safety and that of others, please answer the questions in **PART 1** to the best of your knowledge. Next, our staff will familiarize yourself with the infection prevention guidelines in **PART 2** and acknowledge your understanding and compliance at the bottom of Page 2. Grand Blanc Eyes staff have extensive training on all infection prevention guidelines.

Patient:

PART 1 – PATIENT QUESTIONNAIRE

Patient Name:	Date:
SELF-DECLARATION BY PATIENT	
1. Have you been diagnosed with Coronavirus (COVID-19) within the last 14 days? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. To the best of your knowledge, have you had any contact with anyone with confirmed or suspected Coronavirus (COVID-19) infection within the last 14 days? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Have you experienced any cold or flu-like symptoms (including fever >98.6, cough, sore throat, respiratory illness, difficulty breathing) within the last 14 days? Current Temperature: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Have you travelled from outside of your local area (international or domestic) within the last 14 days? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If you answered "Yes" to any of the questions above, please detail below (dates, travel locations, etc.) and immediately notify a Grand Blanc Eyes Supervisor	

I understand that I have the responsibility to immediately notify Grand Blanc Eyes employee's or Doctors if my responses to this questionnaire change. Patient Initials: _____

End Patient Response Section

Employee:

PART 2 – ACKNOWLEDGEMENT OF INFECTION PREVENTION GUIDELINES

COVID-19 EXPOSURE. Grand Blanc Eye's employees are required to report any possible COVID-19 contact to Management. This includes any suspected cases of COVID-19 infection or exposure within the employee and guest population.

- If an employee is made aware of anyone who may be infected by COVID-19 or suspects that an exposure to COVID-19 has occurred, they are required to report this information to Dr. Agnone or Office Manager Jennifer Karnes *immediately*.
- Supervisors who receive a report must *immediately* forward this information to Dr. Walker or Dr. Agnone.

SOCIAL DISTANCING. Social distancing practices are required. Employees and patients must maintain 6' distances. Office Manager Jennifer Karnes is responsible for the management of social distancing practices.

HYGIENE PRACTICES. Exceptional hygiene and the use of person protective equipment (PPE) is required. This generally includes hand washing, the use of hand sanitizer, coughing/sneezing hygiene protocol, and the use of masks and gloves when applicable.

- **ALL EMPLOYEES** are required to wash their hands regularly throughout the day. Handwashing should be done using soap and water for a minimum of 20 seconds. If an employee cannot wash their hands, alcohol-based hand sanitizer is an acceptable, though less-effective, alternative.
- Hand sanitizer is available at all employee stations, throughout facility, and high-traffic entries/exits.
- Gloves should be worn when cleaning and/or when handling employee or patient items.
- Cloth masks are always encouraged to help keep others safe.
- Class 1 surgical masks or N95 droplet masks are required anytime an employee feels they cannot maintain 6' distancing.

CLEANING AND SANATIZING. Employees are required to be clean, sanitize, and disinfect surfaces regularly. All high-traffic, high-touch areas will be disinfected regularly. Supervisors are responsible for maintaining a disinfecting schedule within their areas.

- Surfaces should be cleaned with disinfectant solution *at least 3 times/day* or after each high-volume business period (whichever comes first). This includes service counters, door knobs and handles, tables and chair-backs, handrails, time clocks, and other frequently contacted, high-traffic areas or items.
- Employees should disinfect their own workstations, keyboards, telephones and other office or desk items on a regular basis throughout the day.
- Disinfection log will be maintained.

The Employee Questionnaire & Acknowledgement is required for all office employees.

- A completed Employee Questionnaire & Acknowledgement is required for all office employees, current or returning, until further notice.
- The latest CDC guidance will be used to determine eligibility.

I understand that it is my responsibility to exercise the Infection Prevention Guidelines outlined in *PART 2*. I have read and understood these guidelines and recognize that it is my responsibility to contact Dr. Agnone or Dr. Walker if I have any questions or concerns.

Grand Blanc Eye's Employee Signature

Date

MANAGEMENT USE ONLY

Document actions taken by Grand Blanc Eyes PLLC. ****You are required to consult Dr. Agnone if Patient may be at risk.****

Patient rescheduled, High Risk

Patient may NOT return to office until: _____

Manager Signature

Date