

## **COVID-19 ACES EYE ACTIVE SCREENING QUESTIONNAIRE**

Your health and well-being are of the utmost importance and we are taking measures to keep ACES EYE CLINIC a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature and asking the following questions.

FOR EVERYONE'S SAFETY, PLEASE ANSWER TRUTHFULLY

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?  
 YES  NO
2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?  
 YES  NO
3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?  
 YES  NO
4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?  
 YES  NO
5. Within the last 14-days, have you had a temperature at or above 38° C or the sense of having a fever?  
 YES  NO
6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?\* (*Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes*)  
 YES  NO

**If you answer YES to any of the questions we are sorry but you will not be allowed into the clinic.**

**However if your eye condition is urgent PLEASE INFORM our staff and we can assist you in arranging further evaluation at a facility that is equipped to handle patients with potential active COVID infections**