PACIFIC
EYE INSTITUTE

COVID-19 Pandemic Medical Care Consent Form

I, _____, knowingly and willingly consent to have elective medical care during the COVID-19 pandemic. This consent is valid for 12 months from the date of my signature below.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

The ability to exercise social distancing in a medical clinic may be limited, potentially leading to an increased risk of exposure to the virus. Additionally, certain medical procedures may create aerosol sprays, which is how we believe the disease is spread, based on current information. The ultra-fine nature of the spray can linger in the air or settle and remain on surfaces for hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other medical patients, the characteristics of the virus, and the characteristics of medical clinics and procedures performed there, that I have an elevated risk of contracting the virus simply by being in a medical clinic. _____ (Initial)

- I am aware of Centers for Disease Control, Centers for Medicare & Medicaid Services, and state guidelines regarding non-urgent medical care. I understand that patients are advised to wear a cloth face covering while in medical clinics and when receiving medical care. _____ (Initial)

- Medical visits may be prioritized to address urgent and emergent patient needs, surgical/procedural care, high-complexity chronic disease management, and in some cases, necessary preventive services. I confirm I am seeking treatment for a condition that meets these criteria. _____ (Initial)

Signature: _____ Date: _____