

Wood Eyecare Centers

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Thank you for choosing Wood Eye Care Centers where your health and safety is our primary focus. To help protect our patients and staff against the spread of COVID-19, 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 three (3) days, respiratory symptoms (cough and shortness of breath), flu-like symptoms or have been in contact with anyone with a confirmed case of COVID-19?		
2. Other than healthcare professionals working in patient care, are you currently providing care for anyone how has been diagnosed with COVID-19, had a fever, cough, difficulty breathing or flu-like symptoms in the last 2 weeks?		
3. Have you traveled internationally in the last 2 weeks?		
4. Are you or anyone in your household under voluntary or involuntary quarantine in the last 2 weeks?		
5. Have you or anyone in your household traveled to an area with community spread of COVID-19 in the last 14 days?		

If you answered yes to any of these questions we *will need to reschedule your appointment*. If after 14 days you can answer no to all 5 questions, we will look forward to seeing you then!

We are practicing all preventative measures put forth by the Centers for Disease Control and have a comprehensive safety and disinfection program in place in our offices. To assist us in maintaining the safeguards for everyone, we ask that you bring a mask to wear when you are in the office and to not bring a companion, as they will need to wait outside.

We appreciate your understanding of our new precautions and social distancing protocols at this time and look forward to safely serving you in the near future!

Patient Signature _____ Date _____