

# COVID-19 Questionnaire



## SCREENING QUESTIONS

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1. Have you experienced any cold or flu-like symptoms in the last 14 days?

- | Yes                      | No  |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Fever greater than 100 F   |
| <input type="checkbox"/> | <input type="checkbox"/> Difficulty breathing       |
| <input type="checkbox"/> | <input type="checkbox"/> Cough                      |
| <input type="checkbox"/> | <input type="checkbox"/> Sore Throat                |
| <input type="checkbox"/> | <input type="checkbox"/> Respiratory Illness        |
| <input type="checkbox"/> | <input type="checkbox"/> Loss of taste and/or smell |

2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

3. Have you been tested for COVID-19?

- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If YES:

a. When was the test performed? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

b. What test did you have? Nasal swab PC / Anitbody test / both

c. What was the result? \_\_\_\_\_

4. Patient temperature reading: \_\_\_\_\_ Staff Initials \_\_\_\_\_

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I declare that the information given on this form is correct to the best of my knowledge.  
I understand that any undisclosed information may lead to my appointment being canceled.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### UNDERSTANDING RISKS

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COVID-19 symptoms can range from mild to severe, and in some cases it can be fatal. Those with underlying health conditions or those in at-risk groups are more likely to experience serious complications. We are following government recommended precautions to minimise the risk and chance of exposure for our patients and staff by implementing:

- mandatory temperature testing upon entry at all locations
- rigorous room and surface cleaning schedules
- hand-gel use upon entry at all locations
- strict hand washing regimes
- Personal Protective Equipment (PPE) such as gloves and face-masks / breath shields
- social distancing measures, including zones in waiting rooms and high traffic areas
- working from home for staff, where possible
- e-Consultations, where possible
- online patient data capture via the CFS Club
- online payment options

**Despite these measures, there still may be risk of contracting COVID-19.**

The risk of contracting COVID-19 in clinic or theatre is considered low at this time, and we are taking all appropriate steps to minimise this risk. This includes adapting our normal ways of working to implement social distancing measures for patients and staff at all of our sites, and providing e-Consultations where possible. Personal Protective Equipment (PPE) and infection-control practices are updated regularly based on best-practice and the best available evidence.

It is a personal decision to undergo surgery, and if surgery is planned, when to proceed. Some people may want the option to discuss their procedure with family members, receive a written summary about the discussion with the surgeon, and then have time to make a decision. All of these options are available to assist you in making a balanced choice between the risks of contracting COVID-19 and the benefits of elective surgery.

One method of minimising risks of contracting COVID-19 is to undergo surgery to both eyes in one treatment session, rather than have treatment to one eye at a time. This decreases the amount of time you spend at clinic, reducing your risk of infection.

If COVID-19 testing is introduced and there is test antigen positivity, this is likely to result in rescheduling any surgery. Any COVID-19 antigen or antibody testing will require your consent.

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**I have been advised of the risks of contracting COVID-19 and understand that this could pose a threat to my own health and those I am in close contact with.**

Signature \_\_\_\_\_

Date \_\_\_\_\_