

OLYMPUS FAMILY MEDICINE

COMMUNICABLE DISEASES - SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may cause the disease to spread to the physicians, medical office staff, and/or other patients whom are in the practice. Therefore, prior to each in-person appointment, we will be asking the following questions to reduce the chances of transmission:

Have you, your immediate family members, or any other persons in which you have had known physical contact tested positive for, or have been diagnosed as having COVID-19 or any other communicable disease to the best of your knowledge?

Yes _____ No _____

If yes, when? Date _____

Do you, your immediate family members, or any other persons in which you have either had known physical contact *recently*, or that are accompanying you to today's in-person appointment have:

- A fever (above 100 degrees) in the last 14-21 days? Yes___ No___ Temp_____
- A cough? Yes___ No___
- Shortness of breath and/or difficulty breathing? Yes___ No___
- Persistent pain, pressure, or tightness in the chest? Yes___ No___
- Experienced recent loss of senses, such as taste or smell? Yes___ No___
- Flu-like symptoms (GI upset, headache or fatigue)? Yes___ No___
- Traveled within 14 days to any region affected by COVID-19? Yes___ No___
- Are you currently on any immunosuppressive medications/treatments? Yes___ No___

I understand that if the answer to any of the above questions in yes, I will be asked to reschedule today's in-office appointment to another date.

Print Patient Name

Patient DOB

Patient/Parent Signature

Date

COMMUNICABLE DISEASES - SUPPLEMENTAL INFORMED CONSENT AGREEMENT

Thank you for your continued support and trust in our practice. As with the transmission of any communicable disease such as a cold or the flu, you may be exposed to COVID-19, also known as the "Coronavirus", at any time or in any place. Rest assured that we have always followed all state and federal regulations, as well as the recommended universal personal protection and disinfection protocols, in an effort to limit the transmission of all diseases within our office, and continue to do so now.

Despite our careful attention to sterilization, disinfection, and the use of personal barriers (PPE), there is still a chance that you could be exposed to an illness in our office, just as you might in any other public environment. "Social Distancing" efforts nationwide have served to reduce the transmission of the Coronavirus. Although we have taken measures to provide social distancing procedures in our practice, due to the nature of the care that we provide, it is not possible to maintain social distancing between the patient, provider, medical staff, and sometimes other patients that are in the office at all times.

By signing this document, I acknowledge that I have both read and understood all of the above provided information. I understand that while exposure is unlikely, I accept the risk of possible exposure to communicable diseases and consent to in-office treatment at Olympus Family Medicine today.

Print Patient Name

Patient DOB

Patient/Parent Signature

Date

A PERSON LEGALLY AUTHORIZED TO CONSENT TO THE TEST ON THE PATIENT'S BEHALF MAY SIGN FOR THE PATIENT IF THE PATIENT IS UNABLE TO DO SO OR IS UNDER 18 YEARS OF AGE. THIS FORM COMPLIES WITH THE REQUIREMENTS OF THE COMMUNICABLE DISEASE PREVENTION AND CONTROL ACT, TEXAS HEALTH AND SAFETY CODE, CHAPTER 81.