



We are committed to keeping our staff and patients safe during this pandemic. Please bear with us as we screen each person entering our office and restrict companions whenever possible.

In the past two weeks, have you tested positive for COVID-19, knowingly been exposed to anyone with COVID-19, or are you awaiting a COVID-19 test result?

Yes | No

Have you traveled outside of Connecticut in the past 14 days? If yes, was it for more than 24 hours?

Yes | No

Do you have any of the following symptoms?

Fever or chills Yes | No

Cough Yes | No

Shortness of breath/difficulty breathing Yes | No

Sore throat Yes | No

Loss of taste or smell Yes | No

Congestion or runny nose Yes | No

Vomiting or diarrhea Yes | No

Headache Yes | No

If the answer to any of these questions is, “yes”, the patient can then be rescheduled in two weeks (they will be re-screened at that time) or in one week pending a negative PCR test. Please check with the doctor if the patient is experiencing an eye-related issue.
