

Body Temp: _____

Our office complies with the Centers for Disease Control and Prevention (CDC) infection control guidelines to prevent the spread of COVID-19. Our doctors and staff are symptom-free and screened daily.

Important: Patients must come to their appointment ALONE. We will be strictly enforcing infection control protocols and are NOT allowing any family members or other guests into our facility at this time. However, parents and guardians are allowed and required at the visits.

*Please check your temperature at home. We will be checking all patients at our office, and if your temperature reads above 100.4 degrees F, we will be asking you to reschedule.

Before your appointment, please carefully review the following questionnaire and answer all questions truthfully. If any symptoms apply to you or to someone in your home, you MUST discuss and possibly reschedule your visit.

COVID-19 Pre-Screen Questionnaire

Legal First Name _____ Legal Last Name _____ Today's Date ____/____/____

1. Do you or have you had a fever of above 100 degrees in the past seven days? Yes No
2. Have you recently lost or had changes in your senses of smell or taste? Yes No
3. Do you have a sore throat? Yes No
4. Do you have a cough? Yes No
5. Do you have a runny nose? Yes No
6. Do you have any respiratory issues, such as shortness of breath or difficulty breathing? Yes No
7. Have you been exposed to someone who has tested positive for or suspected they were positive for Covid-19 in the last two weeks?
 Yes No
8. Have you tested positive for Covid-19 or are you awaiting test results for Covid-19 within the last 14 days? Yes No

If you have answered "YES" to any of the above, please explain:

We may require physician clearance prior to seeing you for your appointment.

COVID-19 Consent

At Kalia Dermatology,, we are committed to creating a safe environment for our patients and staff and to supporting the health of our local community. Please take a moment to review and acknowledge the following information regarding the COVID-19 virus:

The COVID-19 virus is a contagious disease classified by The World Health Organization as a pandemic. It is possible to contract COVID-19 from a variety of sources. We have taken steps to reduce the possibility of transmitting any disease in our office, including COVID-19. We've altered the frequency and timing of patient visits, and we follow social distancing protocols whenever possible. We are only allowing scheduled patients to enter our facility at this time. Family members and other guests must wait outside or in the car.

Our upgraded office sterilization protocol including fogging of the office using HOCL, strict sterilization procedures, and use of Personal Protective Equipment dramatically lower the risk of disease contraction in our setting. Our doctors, staff, and patients are screened daily. Unfortunately, it is impossible to entirely eliminate the risk. I understand and accept the risks associated with contracting COVID-19 and other diseases. I acknowledge that I could contract disease before or after my visit from other sources.

I agree to continue with my dermatology care at Kalia Dermatology and Laser Center.

Signature * _____ Date of Consent * ____/____/____

Thank you for completing this questionnaire. Please return to the front desk administrator.