

Burbank Optometric Center, Inc.



*"Walking by faith, caring for sight."  
Lori S. Nishida-Eugenio, OD, FCOVD*

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### COVID 19 QUESTIONNAIRE

***We thank you for assisting us in keeping you and our staff and families safe and keeping the risk of transmitting COVID 19 as low as possible by answering the following questions to the best of your ability. Please check the appropriate response to each question, do not leave any questions unanswered.***

1. In the 14 days prior to your appointment, will you have traveled outside of the state?  Yes  No
2. Have you been in contact with anyone diagnosed with COVID 19?  Yes  No
3. Have you been in contact with anyone with symptoms of COVID 19?  Yes  No
4. Do you have any of the following COVID 19 symptoms:
  - a. Fever, body aches, fatigue, sore throat, cough, loss of smell or taste, stomach upset, diarrhea, vomiting, difficulty breathing, headache?  
 Yes  No
5. I understand and agree that I will wear a mask over my nose and mouth at all times while inside of Burbank Optometric Center.  Yes  No
6. I understand and agree that I will have my temperature and pulse oxygen level taken upon arrival at Burbank Optometric Center.  Yes  No

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date