COVID-19

SUPPLEMENTAL HEALTH QUESTIONAIRE

If you have been exposed to a communicable disease, you may spread the disease to the dental professionals or the dental staff, or other patients/parents. Therefore, prior to EACH appointment we will be asking the following questions to reduce the chances of transmission.

Have you, your child, or others accompanying you to today’s appointment or other recent acquaintances tested positive for or have been diagnosed as having COVID-19 or any other communicable disease?

Yes\_\_\_\_\_ No\_\_\_\_\_

Do you, your child, or others accompanying you to today’s appointment or other recent acquaintances have:

- A fever (defined as above 99.0 degrees) Yes\_\_\_\_\_ No\_\_\_\_

- A cough? Yes\_\_\_\_\_ No\_\_\_\_\_

- Shortness of breath and/or trouble breathing? Yes\_\_\_\_\_ No\_\_\_\_\_

- Persistent pain, pressure or tightness in the chest? Yes\_\_\_\_\_No\_\_\_\_\_

- Sudden loss of taste/smell? Yes\_\_\_\_\_No\_\_\_\_\_

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today’s dental appointment.