

SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to COVID-19 there is a risk it may be spread in the dental office. 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 been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ No _____

If yes, when? Date _____

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

- A Fever in the past 14 days (defined as above 99.6 degrees) Yes _____ No _____
- Shortness of Breath and/or Trouble Breathing? Yes _____ No _____
- A Cough? Yes _____ No _____
- Any other flu-like symptoms? Yes _____ No _____
- Recent loss of taste and/or smell? Yes _____ No _____
- Have you been in contact with any COVID confirmed patients? Yes _____ No _____
- Have you travelled out of state in the past 14 days? Yes _____ No _____
- Persistent Pain, Pressure, or Tightness in the Chest? Yes _____ No _____

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

Patient/Parent's Signature

Date