

Due to the current pandemic of the COVID-19 virus and the unknown factors associated with it, we are screening our patients prior to any dental treatment. Since the goal of our local, state and federal healthcare systems is to contain and limit the spread of COVID-19, we are implementing a screening protocol which includes the following questionnaire and the measurement of your temperature. Should you be treated in our office, a pre-rinse with a hydrogen peroxide solution will be required. Universal precautions and enhanced infection control will continue as always to be utilized by our dental team. Thank you in advance for your cooperation in our efforts to keep our patients and our team safe and, also, contribute to the containment of this virus.

Questionnaire

Please remember your honesty is imperative to the success of the containment goals.

1. Do you have a fever or experienced a fever with repeated shaking and chills within the last 14 days? Yes No

2. Have you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing within the past 14 days? Yes No

3. Have you experienced any other flu-like symptoms, such as: gastrointestinal upset, headache, muscle aches or fatigue? Yes No

4. Have you experience recent loss of taste or smell? Yes No

5. Have you, within the past 14 days, been in or traveled to an area that has a high incidence of COVID-19? Yes No

6. Have you come into contact with a patient with suspected or confirmed COVID-19 infection within the past 14 days? Yes No

7. Are there at least two people with documented experience of fever or respiratory problems within the last 14 days having close contact with you? Yes No

Patient/Patient Guardian Signature _____ Date _____