

COVID-19 SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the dental practice or other patients in the practice. 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: _____

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

- A Fever (defined as above 99 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 _____
- Recent Loss of Taste or 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.

Date