

SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the dentist, dental staff, 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 tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ No _____

If yes, when? Date _____

- Are you currently being tested for Covid 19 and awaiting results?

Yes _____ No _____

- Have you been in contact with someone who has tested positive for Covid19?

Yes _____ No _____

Do **you or anyone you reside** with have/or had within the last 14 days:

- A Fever (defined as above 100.4 degrees) Yes _____ No _____

Current Temp _____

- A Cough? Yes _____ No _____

- Shortness of Breath and/or Trouble Breathing? Yes _____ No _____

- Persistent Pain, Pressure, or Tightness in the Chest? Yes _____ No _____

- 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.

Patient / Legal Guardian Signature

Date