

Covid-19 Patient Screening Form

Name: _____

PLEASE READ AS OUR SCREENING QUESTIONS HAVE BEEN UPDATED

In the last 10 days, have you tested positive for COVID-19? (Even if you have no symptoms) The 10-day period is after symptoms started, last day of exposure or positive test result. You should AVOID activities where you are unable to wear a mask.	YES NO
In the last 10 days, have you been exposed to someone who has COVID-19? (Even if you have no symptoms)	YES NO
Is anyone you live with currently experiencing any new COVID-19 symptoms?	YES NO

When arriving at the office please RING THE DOORBELL and WAIT in the entryway to be greeted. To maintain effective social distancing, patients should come to their dental appointment unaccompanied. Only individuals requiring a caregiver or guardian should be accompanied into the office (children excluded). Thank-you.