PATIENT SCREENING FORM

This form is in accordance with ADA and CDC guidelines to screen and protect patients against COVID-19.

Name of Patient: ___________________________ Date: ___________

Parent/ Guardian Name: ____________________________ Relationship: __________________

The following questions must be filled out by the child's legal guardian or the patient if over age 18.

	Pre-Appointment	***In Office (Day of)***
Do you/your child have fever or have felt hot or feverish in the last 14 days?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/your child having shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/your child have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
Any other flu-like symptoms such as: gastrointestinal upset (diarrhea/nausea), headache, fatigue, or abdominal (stomach) pain?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/your child experienced recent loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/your child been in contact with any SUSPECTED OR CONFIRMED POSITIVE COVID-19 patients within the last 14 days?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/your child have any history of heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorders leaving them at higher risk of severe infection from coronavirus?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/your child traveled in the past 14 days by bus, train, plane, or public transport?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/your child traveled in the past 14 days to any regions affected by COVID-19?	☐ Yes ☐ No	☐ Yes ☐ No
Do **any** of the above questions apply to the guardian bringing the child in today, or to any household member living with the child?	☐ Yes ☐ No	☐ Yes ☐ No
Has anyone in your household been diagnosed with COVID-19 in the past 6 months?	☐ Yes ☐ No	☐ Yes ☐ No

If you select "yes" on any of the above responses, please inform our dental staff so we can engage in further discussion before you/your child enters the office today.

I certify all of the above information is complete and truthful.

Signature of Parent/Guardian/Patient if over age 18: ____________________Today's Date: __________