

**Patient COVID-19 Questionnaire, Advisory, and Acknowledgment**  
**Receiving Dental Treatment During the COVID-19 Pandemic**

1. Are you or your child experiencing ANY of the following emergency symptoms: severe shortness of breath and difficulty breathing, persistent chest pain or pressure, new confusion or inability to arouse, bluish lips or face, loss of consciousness, slurred speech, and/or severe, constant dizziness or lightheadedness?
2. Have you or your child been told by a health official that you may have been exposed to COVID-19 (coronavirus)?
3. Have you or your child been around someone who is known to have COVID-19 (coronavirus)?
4. Have you or your child been tested before for COVID-19?
5. In the last 14 days, have you or your child been in an area of high-risk for COVID-19 (coronavirus)?
6. In the last 14 days, have you or your child traveled internationally or in the United States?
7. In the last 14 days, have you or your child traveled on a cruise ship?
8. Are you or your child experiencing any of the following symptoms? Please select all that apply.
  - a. Fevers, chills, or sweating
  - b. New or worsening cough
  - c. Fatigue
  - d. Body aches
  - e. Diarrhea
  - f. Reduced sense of smell and/or taste
  - g. Mild to moderate difficulty breathing
  - h. Sore throat
  - i. Runny Nose
  - j. None of the above
9. Do you or your child have any of the following? Please select all that apply.
  - a. Asthma
  - b. Cancer
  - c. Diabetes
  - d. Extreme obesity

- e. Heart disease
- f. High blood pressure
- g. Kidney disease
- h. Liver disease
- i. Lung disease
- j. None of the above

Dear Guardian of patient:

Your child has presented to the office today because he/she has an urgent dental condition which must be treated at this time and cannot be postponed until the current COVID-19 risk period abates. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

By signing below, you are certifying that you have answered all questions to the best of your knowledge and understand the risk associated with your child's dental visit during the COVID-19 pandemic.

Guardian Signature: \_\_\_\_\_

Patient Name:

Guardian Name:

Patient DOB:

Date: