



## COVID-19 PATIENT DISCLOSURE & ACKNOWLEDGEMENT

### Receiving Dental Treatment During the COVID-19 Pandemic

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

- While our office complies with the State Health Department and the Centers for Disease Control and Prevention (CDC) 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 below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Patient's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE ANSWER "YES" or "NO" WITH YOUR INITIALS TO THE FOLLOWING QUESTIONS:

1. ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. DO YOU HAVE A FEVER? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. DO YOU HAVE ANY SHORTNESS OF BREATH \_\_\_\_\_ Yes \_\_\_\_\_ No
4. DO YOU HAVE A DRY COUGH? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. DO YOU HAVE A RUNNY NOSE? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. DO YOU HAVE A SORE THROAT? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE  
THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRIES? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF SO, WHERE? \_\_\_\_\_