

### **COVID – 19 Questionnaire**

1. Have you tested positive for COVID-19?
2. Have you been tested for COVID-19 and are awaiting results?
3. Do you have any of the following respiratory symptoms?? Fever, Sore Throat, Cough, Shortness of breath?
4. Have you recently lost your sense of smell or taste?
5. Do you have any GI symptoms? Diarrhea? Nausea?
6. Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
7. Have you been in contact with anyone who has testes positive for COVID-19 in the last 14 days?
8. Have you traveled outside the United States by air or cruise ship in the past 14 days?
9. Have you traveled with in the United States by air, bus or train within the past 14 days?

Appointments will be scheduled to minimize possible contact with other patients in the waiting room, at times, a patient maybe asked to wait in their vehicle until their appointment.

For the safety of our staff and patients, we are asking that patients limit the number of companions accompany them to an appointment. Companions may also be asked to wait in their vehicles or outside the dental office.