

COVID-19 HEALTH QUESTIONNAIRE AND CONSENT FORM

Temp Check
Result

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Thank you for your continued trust in our practice. As with the transmission of any communicable disease like the cold or the flu, you may be exposed to COVID-19 at any time or in any place. Be assured that we comply with state & federal regulations, implement recommended universal personal protection, and follow infection control protocols to limit transmission of all diseases in our office at all times.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance you might be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of COVID-19. Although we have taken measures to allow for social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between patient, doctor, staff, and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes No

I understand that if I answer "Yes" to any of the questions below I may be asked to reschedule this appointment to a later date.

Yes No

Do you, your child, or anyone else you have recently been in contact with have any of the following symptoms? Please answer either Yes or No.

- No Yes *Fever (above 100.4 degrees)*
- No Yes *Chills*
- No Yes *Cough*
- No Yes *Sore Throat*
- No Yes *Shortness of breath and/or trouble breathing*
- No Yes *Muscle pains, pressure, tightness in the chest*
- No Yes *Loss of taste or smell*

Please answer either Yes or No to each of the following:

- No Yes *Have you or others accompanying you traveled outside of the US in the last 14 days?*
- No Yes *Have you or your child recently been exposed to someone with a positive COVID-19 test?*
- No Yes *Have you or your child recently tested positive for COVID-19?*

Patient Name

Parent/Guardian Name (if applicable)

Patient/Parent/Guardian Signature

Date