COVID-19 PANDEMIC - Appointment Screening Form - JUN 2021

Even though Governor Abbott has lifted the mask mandate (effective March 10, 2021) our office will follow the CDC guidance and the Texas State Dental Board Emergency Rule. Beyond the reception room all patients, parents, and companions are required to wear a mask. Our focus is the safety of ALL. Please note: debilitating medical conditions, e.g. diabetes or cancer, can put you at greater risk of being affected by COVID-19 or its infectious variant strains.

Patient parent or companion over 10 - A face covering must be worn in the treatment or consult areas at all times. If a face covering cannot be worn for valid medical reasons then an additional screening form for those over 10 will need to be completed. At minimum, a temperature reading will be obtained on all patients, parents, or companions.

Patient Name: ______________________________________

Please check the appropriate box next to each question.	Yes	No
Have you been tested for COVID-19 and are awaiting results?	☐	☐
Have you tested positive for COVID-19? If yes, when? ____________	☐	☐
As of today do you have a fever, chills, or above normal temperature?	☐	☐
Have you recently experienced shortness of breath?	☐	☐
Have you recently experienced a non-allergy dry cough or runny nose?	☐	☐
Have you recently lost or had a reduction in your sense of smell?	☐	☐
Have you been in direct contact with someone who has tested positive for COVID-19 in the past 14 days?	☐	☐
Have you been quarantined for any reason within the past 14 days?	☐	☐
The State Dental Board no longer recommends a pre-procedure rinse, though it can still be requested		

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed any conditions in my health history which may result in a compromised immune system. I also understand that I will notify this office if I experience COVID-19 symptoms within 7 days of this appointment or receive a positive test result.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

____
Date of completing form (no more than 2 days prior to scheduled appointment)

____
Signature (Parent/Guardian/Patient 18 or older)

Patient Temperature (to be taken by office staff) _______ °F

Other person ______ °F Relation to patient___________

Staff Initial ____