COVID-19 PANDEMIC - Appointment Screening Form - JAN 2022

Beyond the reception room all patients, parents, and companions are requested to wear a mask. Our focus is the safety of ALL. Please note: some of our patients have debilitating or immunosupressed medical conditions. An unknown COVID carrier can put them at greater risk of being infected. 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: _____

	Patient		Other	
Please check the appropriate box next to each question.	**Yes**	**No**	**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?	☐	☐	☐	☐

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 _____