Date: ______________________________

Dear Parent:

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

> While our office is in compliance with the State Health Department and Centers for Disease Control prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
>
> Our Team is symptom-free and, to the best of their knowledge, and 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 require the "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers. We have the discretion to reschedule patients to decrease the risk of spreading illness.

Please answer "YES" or "NO" to the following questions:

Have you or anyone in your household tested positive for COVID-19? If so, when? ____________________________	_____YES	_____NO
Are you or anyone in your household currently awaiting the results of a COVID-19 test?	_____YES	_____NO
Do you or your child have a fever?	_____YES	_____NO
Do you or your child have any shortness of breath?	_____YES	_____NO
Do you or your child have a runny nose?	_____YES	_____NO
Do you or your child have a sore throat?	_____YES	_____NO
Do you or your child have any sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not allergy related?	_____YES	_____NO
Have you or your child experienced headaches, fatigue, or weakness?	_____YES	_____NO
Have you or your child lost your sense of taste and/or smell?	_____YES	_____NO
Within the last 14 days, have you or your child traveled? If so, where? __________________________________	_____YES	_____NO

Patient Name | Parent/Legal Guardian | Date

Parent Temperature: ______________________________ Child temperature: __________________________________

(TO BE TAKEN AT THE OFFICE)