COVID-19 SCREENING FORM

Patient Name	DOB	Date

The following questions are used to screen for potential carriers and/or affected people. Should you answer **yes** to any of the questions below, we may reschedule your reservation and ask you to seek attention from your primary care physician ***immediately***.

1. **Have you traveled outside the United States in the last 14 days?**
   YES NO
   a. **Have you traveled within the United States in the last 14 days?**
   YES NO

2. **Have you or someone you've been in close contact with tested positive for COVID-19 in the last 14 days? YES NO**
   a. **Have you been cleared by the health department to return to work?**
   YES NO

3. **Have you or someone you have been in close contact with experienced or are experiencing any of the following symptoms in the last 14 days:**

a.	**Shortness of breath/Difficulty breathing**	**Y**	**N**
b.	**Dry Cough**	**Y**	**N**
c.	**Fever**	**Y**	**N**
d.	**Runny nose**	**Y**	**N**
e.	**Rash**	**Y**	**N**
f.	**GI problems/Diarrhea**	**Y**	**N**
g.	**Lack of/Reduced taste**	**Y**	**N**
h.	**Lack of/Reduced smell**	**Y**	**N**

4. **Have you taken any medication that may reduce your fever? Y N**
5. **What was your temperature taken today? _____°F**

Due to the nature of transmission of COVID-19, you understand WE may be at a higher risk of contracting the virus simply by being you in our office and that you are willingly here to receive dental treatment. Hamburg Family Dental has instilled safety protocols to ensure safety for everyone. **Failure to comply will result in rescheduling your reservation.**

_____ I understand I must wear a mask *prior* to entering the building and will NOT remove it until asked to do so by a team member at Hamburg Family Dental.

_____ I must wash my hands with soap and water for at least 20 seconds prior to entering the treatment area.

_____ I agree to do a mouth rinse prior to my appointment for 20 seconds as provided to you by a team member at Hamburg Family Dental.

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Our team, as always, is dedicated to providing a safe and clean environment to all our guests. We **will** get through this together. We appreciate your trust in us with your care and look forward to smiling with you!

Phone screening performed by: _____.

_____ _____

Patient Signature Date