

COVID -19 Questionnaire

We take the health and safety of our patients, parents, and staff seriously. To better serve our community, we would like for you to fill out our questionnaire.

1. Have you or your child tested positive for COVID-19? Y/N

2. Have you or your child been tested for COVID-19 and are awaiting results? Y/N

3. Do you or your child have any of the following symptoms:

Fever, Chills, Sore Throat, Cough, Sneezing, or Shortness of Breath? Y/N

4. Have you or your child recently lost your sense of smell or taste? Y/N

5. Do you or your child have any flu-like symptoms? Diarrhea? Nausea? Y/N

6. Even if you or your child do not currently have any of the above symptoms, Y/N

have you experienced any of these symptoms in the last 14 days?

7. Have you or your child been in contact with someone who has tested positive for COVID-19 in the last 14 days? Y/N

8. Have you or your child traveled outside the US in the past 14 days? Y/N

If YES, please list **countries**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Due to social distancing we are asking that parents remain in the lobby/vehicle.

(Please circle one) I understand I prefer accompanying my child/children

Your child is receiving dental care during the COVID-19 pandemic. While our office is implementing appropriate CDC infection prevention and control recommendations, there may be an increased risk of exposure to the COVID-19 virus.

If you or your child are not feeling well, we will reschedule your child’s appointment until you are completely well. We thank you for your patience and your continued patronage!

Please contact our office if you develop any signs or symptoms of COVID-19 within next 14 days.

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Patient Name Temp Parent or Guardian Date

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Patient Name Temp Temp

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Patient Name Temp

\*\*If you feel uncomfortable in the reception area, and you would like to wait in your car, we can call or text when we are ready for your child. # to text; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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