

# Garrisonville Dental



Temperature: \_\_\_\_\_

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We routinely use universal precautions in keeping our office clean, but are taking additional measures to minimize risks in light of the ongoing COVID-19 pandemic. Please answer the following questions to help us best assess how to safely care for you and our staff.

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

As part of our office's ongoing effort to put our teams' and patients' health and safety first, we need to gather some information from each patient. The CDC has requested that some patients not receive treatment under certain conditions. Please answer the following questions to ensure that we are all informed of your health to protect yourself and others.

1. Have you or anyone you reside with tested positive for COVID-19?      **YES**      **NO**  
If **YES**, date of positive test: \_\_\_\_\_  
If **YES**, have you been symptom free for 10 days?      **YES**      **NO**
2. Do you currently have any respiratory symptoms (cough, sore throat, sneezing, runny nose, shortness of breath, etc.)?      **YES**      **NO**
3. Have you had a fever within the last 48 hours?      **YES**      **NO**
4. Have you recently traveled within the past 10 days outside of the United States or inside of the United States to any areas considered to be HIGHLY affected by COVID-19?      **YES**      **NO**

Thank you for your help. We continue to strive to provide you with the best care and the safest environment as your dental provider. We appreciate the trust of place in us.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_