



ASSOCIATES IN PERIODONTICS

Brian Shuman, DMD
Hazem Saqqal, DDS, MSD, MSCR

COVID Patient Advisory and Acknowledgement

Sadly, the COVID pandemic is not yet over. In order to reduce the risk of spreading COVID-19 and the variants, the CDC still mandates that you wear a mask in the office and complete a number of "screening" questions below.

Print your name/Responsible Party

Date

1. Have you been FULLY vaccinated against COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever been diagnosed with COVID-19? Date of diagnosis _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you live with or care for someone who has COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you had a fever greater than or equal to 100.4° (T≥100.4°F) in the past 48 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a sore throat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you have a cough?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you experiencing any shortness of breath or difficulty breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you recently lost your sense of taste/smell?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have a constant headache, body, or muscle aches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you experiencing a dental problem that needs to be checked by a doctor? (circle one) Yes No

Temperature: _____ F

Any positive responses will be reviewed by the dentist. If you have a temperature, the advice to follow-up with your personal healthcare provider may be indicated.