



## Coronavirus Health Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff or other patients/parents in the practice. Therefore, prior to EACH appointment, we will be asking the following questions to reduce the chances of transmission:

Have you traveled overseas in the last 30 days? Y / N

If Yes, where? \_\_\_\_\_ when? \_\_\_\_\_

Have you traveled anywhere in the US or Texas in the last 14 days? Y / N

If Yes, where? \_\_\_\_\_ when? \_\_\_\_\_

Have you been in contact with a person who tested positive for COVID-19? Y / N

If Yes, who? \_\_\_\_\_ when? \_\_\_\_\_

Do you have a cough? Y / N

Do you have a fever? Y / N

Do you have shortness of breath? Y / N

Have you lost your sense of smell? Y / N

Have you lost your sense of taste? Y / N

Have you had the flu shot? Y / N

Signature \_\_\_\_\_ Date \_\_\_\_\_