



**COVID-19 Questionnaire (please circle):**

1. Has your child or anyone in your household tested positive for COVID-19? **Y / N**
2. Has your child or anyone in your household tested for COVID-19 and are awaiting results? **Y / N**
3. Has your child or anyone in your household had any of the following: respiratory symptoms, body aches, fever, sore throat, cough, shortness of breath, swollen or tender feet or toes? **Y / N**
4. Has your child or anyone in your household recently lost their sense of smell or taste? **Y / N**
5. Has your child or anyone in your household exhibited any GI symptoms? Diarrhea? Nausea? **Y / N**
6. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days? **Y / N**
7. Has your child or anyone in your household been in contact with someone who has tested positive for COVID-19 in the last 14 days? **Y / N**
8. Has your child or anyone in your household traveled outside of the United States by air or cruise ship in the past 14 days? **Y / N**
9. Has your child or anyone in your household traveled within the United States by air, bus or train within the past 14 days? **Y / N**

**Note:**

Please check your child's temperature prior to coming into the office, if above 100 F, let us know and we will reschedule the dental appointment.

Please wear a facemask to your appointment based on government recommendations (not on under age 2).

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness