



COVID-19 Screening/ Notice of Risk

This patient form allows us to make treatment decisions during the COVID 19/ Corona virus pandemic and to notify you of increased risk associated with dental treatment during a pandemic.

COVID-19 is a serious and contagious disease. A weak or compromised immune system can place you at greater risk of contracting the virus, please speak to our staff if you have questions regarding safe treatment. Due to community spread of the virus it is possible to contract the virus outside of our office and unrelated to your visit today.

Dental procures can create water spray which can spread the virus. You cannot wear a protective mask to prevent infection during treatment which leaves you vulnerable.

Our office is taking additional steps to lower exposure to our patients; however we are unable to eliminate all risk of exposure during your visit to our office.

It is important that you disclose if you have been **exposed to COVID 19** even if you do not currently show symptoms associated with the virus.

Check box if you answer yes to the following questions.

Do you have or recently developed:

- ☐ Fever ☐ Chills ☐ Loss of smell/taste
- ☐ Shortness of breath ☐ Sore throat ☐ Muscle ache/ head ache

In the last 14 days have you:

- ☐ Tested positive for COVID 19 (test date _____)?
- ☐ Come into contact with someone who has tested positive for the virus?
- ☐ Are you currently awaiting the results of a COVID 19 test?

I have read and understand the information above:

Signature _____

Witness _____

Date _____