

COVID-19 QUESTIONNAIRE

PATIENT DISCLOSURES

This patient disclosure form seeks information from you that the office of Dr. Roy D Jennings must consider before making treatment decisions in the circumstances of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition) can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to Covid-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

| | Yes | No |
|--|-----|-----|
| Do you have a fever or above normal temperature? | ___ | ___ |
| Have you experienced shortness of breath or had trouble breathing? | ___ | ___ |
| Do you have a dry cough? | ___ | ___ |
| Do you have a runny nose? | ___ | ___ |
| Have you recently had a reduction in your sense of smell? | ___ | ___ |
| Do you have a sore throat? | ___ | ___ |
| Have you been in contact with someone that has tested positive for COVID-19? | ___ | ___ |
| Have you tested positive for COVID-19? | ___ | ___ |
| Have you been tested for COVID-19? | ___ | ___ |
| Have you been tested for COVID-19 and are awaiting results? | ___ | ___ |
| Have you traveled outside the United States by air or cruise ship in the past 14 days? | ___ | ___ |
| Have you traveled within the United States by air, bus or train within the past 14 days? | ___ | ___ |

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing below, I acknowledge that the answers I have provided above are true and accurate.

ACKNOWLEDGEMENT OF RISK

Our goal is to provide a safe environment for our patients and staff, and to advance safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

THE COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

I have read and understand the information stated above.

Signature of Patient (Parent or Guardian of Minor)

Date