SMILESFOREVER COVID-19 SCREENING FORM

Patient Advisory and Acknowledgement Regarding Receiving Treatment During the COVID-19 Pandemic: Please complete the required confidential screening form below for the scheduled orthodontic visit today. A parent/guardian must complete this form for patients who are under age 18. Our staff are currently symptom free and to the best of their knowledge have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge. We cannot guarantee an absolutely safe treatment environment. In order to reduce the risk of spreading COVID-19 please complete the screening questions below. For the safety of our staff, other patients and yourself, please be truthful and candid in your answers.

Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease fewer than 21 days ago?

Yes________ No________ If yes, when? Date__________________

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have any of the following:

•A Fever (defined as above 99.6 degrees) over the last 14 days? Yes_____No____

•A persistent dry cough over the last 14 days? Yes________ No________

•Shortness of Breath and/or Trouble Breathing over the last 14 days? Yes_____No_____

•Any other flu like symptoms over the last 14 days? Yes________ No________

•Recent loss of taste or smell over the last 14 days? Yes________ No________

•Traveled to a foreign country over the last 60 days? Yes________ No________

I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's orthodontic appointment.

Patient Name ___________________________________ Patient DOB ____________

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Patient/Parent's Name & Signature Signature Date