**ADDITIONAL HISTORY FOR THE PRIOR TWO MONTHS REGARDING COVID-19**

Today’s Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (ex: 05/01/2020) Date Two Months Ago: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (ex: 03/01/2020)

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES NO**

□ □ **1.** In the last two months, have you traveled by Public Transit**\*** (Road, Rail, Water, Air)?

□ □ **2.** In the last two months, have you traveled out of the USA?

□ □ **3.** In the last two months, have you had contact with anyone who has traveled out of the USA?

□ □ **4.** In the last two months, have you had any of the following symptoms? (circle)

Cough Shortness of Breath Fever Chills Shaking with Chills Headache

Sore Throat Loss of Smell Loss of Taste Body/Muscle Aches/Pains

Sneezing Runny Nose Congestion Fatigue Night Sweats Stiff Neck Vomiting

Rash Dehydration Diarrhea Eye redness/swelling/discharge

□ □ **5.** In the last two months, have you had contact with anyone who has any symptoms below? (circle)

Cough Shortness of Breath Fever Chills Shaking with Chills Headache

Sore Throat Loss of Smell Loss of Taste Body/Muscle Aches/Pains

Sneezing Runny Nose Congestion Fatigue Night Sweats Stiff Neck Vomiting

Rash Dehydration Diarrhea Eye redness/swelling/discharge

□ □ **6.** In the last two months, have you had contact with anyone diagnosed with COVID-19?

□ □ **7.** In the last two months, have you had any officials notify you regarding your exposure to someone

infected and/or diagnosed with COVID-19?

**PRIOR TO ARRIVING FOR YOUR DENTAL APPOINTMENT:**

1. Take your temperature within one hour (60 minutes) before your scheduled appointment time:
   1. Thermometer reading: \_\_\_\_\_\_\_\_ degrees Fahrenheit
   2. If above 100, please call office
2. Wash hands using **soap** and **warm water** including: 1) under finger nails, 2) between fingers & 3) up to elbows.
3. Bring a face mask that covers the nose and mouth.
4. At this time, only the patient may enter the dental office.

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**PATIENT SIGNATURE DATE**