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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:

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

PATIENT SIGNATURE

____/____/____
DATE

*Bus, Taxi, Truck, Train, Tramway, Rapid Transit, Subway, Watercraft, Ship, Boat, Barge, Submarine, Hovercraft, Aircraft, Airplane, Helicopter, etc.