COVID-19 Screening Form

Have you/your child felt hot or feverish recently (14-21 days)?
* ○ Yes ○ No

Are you or your child having shortness of breath or other difficulties breathing?* ○ Yes ○ No

Do you/your child have a cough?* ○ Yes ○ No

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue/muscle ache?* ○ Yes ○ No

Have you/your child experienced a recent loss of taste or smell?* ○ Yes ○ No

Did/do you or your child have proingly eye redness in the past 14 - 21 days?* ○ Yes ○ No

Does/did you or your child have and bruising or discoloration of the toes?* ○ Yes ○ No

Have you/your child been in contact with any confirmed COVID-19 positive patients?* ○ Yes ○ No

Does your child have heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorders?* ○ Yes ○ No

Have you/your child traveled in the past 14 days internationally/domestically?* ○ Yes ○ No

Patient Name: __________________________  __________________________  __________________________  ______

Last  First  Mi  Preferred Name

Response Date: __________________________
CORONAVIRUS COVID-19
SAFETY PROCEDURES & PROTOCOLS

PATIENT PROCEDURES & PROTOCOLS

- You will be asked to complete a screening questionnaire on COVID-19 symptoms and exposure prior to your appointment.
- Social distancing of at least 6 feet will be required when there is more than one person in the waiting area.
- No visitors may accompany you to the office unless deemed medically necessary.
- The total number of patients allowed in the office at one time is limited to 2.
- You will be given a mouthwash rinse before every treatment.
- Your temperature will be checked using a contactless device.
- You will be required to wear a face cover when you enter the office and while you are in the waiting area.
- You must inform the office immediately if you develop any symptoms within 2 weeks following your appointment.

ADDITIONAL NOTES:
- Plexiglass shields are in the reception area.
- HEPA air purifiers are running at all times throughout the office to maintain clean air.
- Stringent cleaning and disinfectant procedures are carried out between each patient.
- No magazines or other reading materials will be kept in the waiting room area.

ALL EMPLOYEES ARE REQUIRED TO:
- Change into and out of their work clothes (scrubs, lab coats, etc.) in the office.
- Have their temperatures taken before starting each day and then additionally periodically throughout the day.
- Wash their hands and use a liquid or foam sanitizer at the start of the day and at regular intervals.
- Wear masks, gloves, and gowns and replace them between patients.

IN ADDITION:
In order to allow a 6-foot distance between workstations, the number of administrative staff scheduled to work each day will be limited to 1 front desk and 1 dental assistant and 1 doctor.

- Except when necessary for patient privacy, doors should be left open to reduce the spread of germs on doorknobs and doorplates.

- A log will be maintained to document periodic employee temperature checks throughout the day.

- Employees are not allowed to bring visitors to the office.

NEW SELF-REPORTING REQUIREMENTS:
- Employees should immediately report any virus symptoms they or a household/family member experience to Ms. Carmen Quintero.
- Symptoms include:
  - Fever
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste
  - New loss of smell

- Additionally, employees should immediately report if they have close contact with someone who is then confirmed to have COVID-19. All personal health information will be kept confidential, except that confirmed cases must be reported to our local health department.