

Freda & Suriano, Orthodontics P.A.

SARS-CoV-2 Virus & COVID-19 Screening

Patient Name: _____

Please simply answer Yes or No by indicating "Y" or "N" on the lines beside the questions

— Do you have a fever or have you experienced a fever within the past 14 days?

— Have you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing within the past 14 days?

— Have you come into contact with a person confirmed or presumed positive with a Covid-19 infection within the past 14 days?

____ If yes to above, were you a first responder or healthcare worker that was wearing appropriate PPE?

— Have you recently participated in any large gatherings, meetings, or had close contact with many unacquainted people?

— Are there any people living with you that can, as far as you know, answer yes to the above questions?

FOR THE SAFETAY OF OUR PATIENTS, STAFF, AND COMMUNITY, ANY PATIENT TESTING POSITIVE FOR COVID-19 AT ANY TIME WITHIN 2 WEEKS OF THEIR APPOINTMENT ARE ASKED TO CONTACT US IMMEDIATELY.

Signature _____

Parent or Guardian