

ADA COVID Patient Screening

Have you been COVID-19 vaccinated?

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Do you have a fever or have you felt hot or feverish recently (14-21 days)?

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Are you having shortness of breath or other difficulty breathing?

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Do you have a cough?

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Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

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Have you experienced recent loss of taste or smell?

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Are you in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.

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Are you over the age of 60?

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Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

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Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)

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Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

For testing, see the list of State and Territorial Health Department Websites for your specific area's information.

Signature

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Date of signing

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Relationship to the patient

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Name

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