



### COVID-19 Questionnaire

Due to the COVID-19/coronavirus spread and directives from the American and Colorado Dental Associations; and the Governor, we are asking all patients to complete this form. (The term "ANYONE" refers to people such as: immediate family members, extended family members, co-workers, vendors, friends or fellow church members).

Patient Name (Please Print): Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_

YES \_\_\_ NO \_\_\_ Have you traveled through **ANY** international airports in the past 20 days?

YES \_\_\_ NO \_\_\_ Have you traveled to **ANY** mountain areas (Counties: Eagle, Gunnison, Pitkin, Summit) since March 7, 2020?

YES \_\_\_ NO \_\_\_ Have you come into contact with **ANYONE** who has traveled through **ANY** international airports in the past 20 days?

YES \_\_\_ NO \_\_\_ Have you come into contact with **ANYONE** who has been to **ANY** mountain areas since March 7, 2020? (Counties: Eagle, Gunnison, Pitkin, Summit)

YES \_\_\_ NO \_\_\_ Have you come into contact with **ANYONE** who has tested positive for the coronavirus?

YES \_\_\_ NO \_\_\_ Do you currently have a cold?

YES \_\_\_ NO \_\_\_ Have you been sick in the past 20 days?

YES \_\_\_ NO \_\_\_ Do you have a fever?

YES \_\_\_ NO \_\_\_ Have you had a fever in the past 20 days?

If you answered **YES** to **ANY** of the above questions, we will need to reschedule your appointment for the health and safety of yourself, our other patients, and that of our Doctors and staff. Thank you for your cooperation and understanding.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date