

## COVID-19 SCREENING QUESTIONNAIRE and INFORMED CONSENT (Rev. 7/14/21)

For your safety, the safety of your fellow patients, and the safety of our staff, it is necessary that you complete this questionnaire. If you check any of the below, it will be required that Dr. Richard C. Rampi, Dr. Justin E. Palmer, or Dr. Richard A. Rampi will discuss this with you; for the benefit of all involved, your appointment may have to be rescheduled. In case of a medically-threatening dental emergency, it will be necessary that you present to the emergency room of your choice.

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Temperature: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Vaccination Status:

- \_\_\_\_ No  
\_\_\_\_ Yes  
\_\_\_\_ If yes ...

\_\_\_\_\_ List which vaccine you received (Moderna, Pfizer, or Johnson & Johnson)

\_\_\_\_\_ Provide the exact or estimated dates of the inoculation(s)

Please check below any of the following which pertain.

\_\_\_\_ Within the past 14-21 days, have you had the sudden onset of any of these (circle all that pertain)?

Fever – a persistent cough – shortness of breath – difficulty in breathing – unusual fatigue – headache – sudden loss of taste and/or smell – headache – muscular/joint pain – nasal congestion – heavy nasal discharge – sore throat – nausea - vomiting – other signs or symptoms that might suggest infection with the novel coronavirus.

\_\_\_\_ Within the past 30 days, have you tested positive for COVID-19? If so, for what periods of time (first onset until recovery)? \_\_\_\_\_

\_\_\_\_ If you have tested positive for COVID-19 within the past 30 days, have you received medical clearance to safely interact with the public?

\_\_\_\_ Within the past 14 - 21 days, have you been in close contact with anyone confirmed to be positive for COVID-19?

\_\_\_\_ Within the past 14 - 21 days, have you traveled outside of the United States?

INFORMATION AND INFORMED CONSENT RESULTING FROM COVID-19

*Venetian Pointe Dentistry has engaged in appropriate federal, state, and local health agency recommendations regarding sanitation, personal protective equipment, and safety protocols to mitigate the spread of COVID-19 (the disease associated with infection with the novel coronavirus). The American Dental Association has indicated that less than 1% of dentists nationwide have tested positive for COVID-19. According to healthline.com, experts say a low infection rate is the result of safety policies and disinfectant practices dental offices have practice for decades. Furthermore, these experts state that dental health is important not only for your teeth but also because dental infections can lead to other ailments such as heart disease. Despite this information, you are hereby informed of the potential risk for COVID infection as a result of treatment and your signature below indicates that you will hold Venetian Pointe Dentistry harmless to any consequences which might result from this. Your signature below affirms that the information provided in the questions posed above is correct to the best of your knowledge and you consent to treatment with the information provided.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_