

AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may have spread the disease to the orthodontist, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you, your child, or others accompanying you to today's appointment or other acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ No _____

If yes, when? Date _____

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

- A Fever (defined as above 99.6 degrees) Yes _____ No _____
- A Cough? Yes _____ No _____
- Shortness of Breath and/or Trouble Breathing? Yes _____ No _____
- Persistent Pain, Pressure, or Tightness in the Chest? Yes _____ No _____
- Have you recently participated in any large gatherings (of more than 50 attendees) or gatherings of people you didn't know? Yes _____ No _____
- Have you or a member of your household traveled outside the United States within the last 14 days? Yes _____ No _____
- Have you or an immediate family member been sick or had a fever within the last 14 days? Patients answering "yes" to any of these questions should be re-scheduled. One exception may be elementary and high school students whose schools are not closed and who have attended classes.

Yes _____ No _____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Patient Name

Patient/Parent Signature

Date