COVID-19 Screening Questions

Date: _____

Name (last name, first name) :_____

Date of Birth (mmddyy): _____

Yes	No	COVID-19 Screening Question
		In the past 14 days, have you or any household member traveled to international area (China, Iran, Italy, Japan, South Korea, and any European country) or anywhere else? If so, please note location:
		In the past 14 days, have you or any household member had any contact with a known COVID-19 patient?
		Have you or any household member have a history of exposure to COVID-19 biologic material?
		Have you had any history of fever in the last 14 days?
		Have you had any respiratory illness such as cough or difficulty breathing in the last 14 days?
		Urgent Dental Need Question Do you have uncontrolled dental or oral pain, infection, swelling or bleeding or trauma to your mouth?