



1. Have you been diagnosed with a laboratory confirmed COVID-19 coronavirus infection?
YES or NO

2. Are you currently experiencing flu like symptoms or a fever of 100.4 or greater?
YES or NO

3. Do you live in the same household as, care for a person with, or are intimate partner of a person with laboratory-confirmed COVID-19 infection?
YES or NO

4. Have you:
 - a. Been 6 feet of a person with laboratory-confirmed COVID-19 infection for a prolonged period of time. YES or NO
 - b. Had direct contact with infectious secretions (e.g., Cough or Sneeze) of a person with laboratory confirmed COVID-19 infection? YES or NO

IF you answered NO to all the above questions please proceed and sign the consent below.

You are receiving orthodontic care during the events of pandemic proportion, COVID-19 national emergency. Please be advised that there may be risk of being in the proximity of dentists, patients, or staff. We are taking precautions to limit the spread of disease, yet there is still a possibility of transmission.

Please sign if you agree to be seen today taking into account the circumstances described above.

Patients Name: _____

Signature: _____

Date: _____