



**Patient Advisory and Acknowledgment
Receiving Dental Treatment During the SARS-COV-2 Pandemic**

While our office complies with the VA Health Department, OSHA, the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the SARS-COV-2 virus, we cannot make any guarantees. Our staff are vaccinated, symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge. To reduce the risk of spreading SARS-COV-2, we have asked you several screening questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

Please answer "Yes" or "No" with your initials, to the following questions and sign below

Are you experiencing any COVID-19 symptoms? _____ Yes _____ No

(Fever, shortness of breath, dry cough, sore throat, runny nose, congestion, nausea, flu-like symptoms, loss of taste or smell, fatigue, body ache, diarrhea, nausea, vomiting, etc.)

Are you vaccinated? _____ Yes _____ No

If yes: _____ First Dose _____ Second Dose _____ Third Dose

When was your last dose? _____

Have you had contact with any confirmed COVID-19 positive people in the last 10 days? _____ Yes _____ No

Have you been tested for COVID-19 and are awaiting results? _____ Yes _____ No

Have you tested positive or been diagnosed with COVID-19 in the past 10 days? _____ Yes _____ No

Details (date of positive result, date of negative test, etc) _____

Within the last 10 days:

Have you travelled to any foreign country? _____ Yes _____ No

If so, where and please describe the nature of your visit and mode of travel (car/train/plane, large group gatherings etc.)? _____

**Please note that a Yes response to any of these questions could result in a request to reschedule your appointment. If you were exposed to or were COVID-19 positive, proof of a negative COVID test is required prior to your appointment.*

I am aware of the increased infection control cost of \$20 per appointment during this pandemic. I will also report any signs or symptoms of COVID-19 within the next 14 days following this appointment.

Patient/Responsible Party-Signature

Date

Print Name