

AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may 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 recent 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 _____

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

_____ Patient/Parent's Signature Date

_____ Print Patient Name