

PATIENT HEALTH DISCLOSURES

At Palm View Dental, we take the advisories of the CDC seriously. We are screening all patients before their appointments to help protect you, our patients, and the community against airborne illnesses.

Today and in the past week...	Yes	No
Do you have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have shortness of breath or trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled within and/or outside the United States by air or cruise ship in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended gatherings over 12 people where 6 feet of social distancing was NOT possible?	<input type="checkbox"/>	<input type="checkbox"/>

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Printed Name

Signature

Date