



TEMPERATURE: _____
PHARMACY: _____
_____

## Health & Safety Questionnaire Coronavirus (COVID-19)

Cleveland Family Dentistry is actively monitoring the Coronavirus outbreak and is committed to the safety of its patients, employees and the community. To assist us in reducing the risks associated with potential exposures, we are asking those who visit our office to complete this questionnaire.

### Questions:

- In the past 14 days or today, have you experienced any of the following?

• Fever	Yes/No
• Cough	Yes/No
• Shortness of breath or difficulty in breathing	Yes/No
• Flu like symptoms	Yes/No
• Nausea	Yes/No
• Vomiting	Yes/No
- Have you been in close contact with anyone diagnosed with Coronavirus (COVID-19) or listed as a suspected case in the last 14 days? Yes/No
- Have you traveled to, through or had any close contact with anyone who has traveled outside of the United States in the last 14 days? Yes/No
- Have you traveled within the United States to any high risk areas in the last 14 days? Yes/No

If you answered **YES** to any of the above questions, we will visit with you and may ask that you please reschedule your appointment for the wellbeing of everyone. We regret the inconvenience and appreciate your understanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_