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?

Yes_____ No_____

Have you traveled out of state in the past14days**?**
Yes_____ No_____ If yes where? _____

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

1. A Fever (defined as above 100.4 degrees)
   Yes_____ No_____

2. A Cough? Yes_____ No_____

3. Shortness of Breath and/or Trouble Breathing
   Yes_____ No_____

4. Persistent Pain, Pressure, or Tightness in the Chest?
   Yes_____ No_____

5. Recent loss of taste or smell?
   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 Name Date

_____ _____
Patient/Parent's Signature Date