

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 orthodontics appointment.

Patient/Parent's Signature

Date

****PLEASE PRINT PATIENT'S NAME: _____**