

COVID-19 Patient Screening and Consent Form:

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended personal protective equipment (PPE) and universal disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant.

Our staff have all been vaccinated, are symptom free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below. Please circle your answer and let us know if you have any questions.

HAVE YOU RECEIVED THE COVID VACCINE? IF YES, WHICH TYPE (PLEASE CIRCLE): PFIZER MODERNA J & J DATE OF 1 ST DOSE _____ DATE OF 2 ND DOSE _____	YES	NO
HAVE YOU BEEN DIAGNOSED POSITIVE FOR THE COVID-19 VIRUS AT ANY TIME? IF SO, WHEN? _____	YES	NO
ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?	YES	NO
IN THE PAST 10 DAYS, HAVE YOU:		
HAD CONTACT WITH A KNOWN OR SUSPECTED COVID-19 POSITIVE PERSON?	YES	NO
HAD A TEMPERATURE OF OVER 100.4 F?	YES	NO
HAD ANY SHORTNESS OF BREATH?	YES	NO
HAD A DRY COUGH?	YES	NO
HAD A RUNNY NOSE?	YES	NO
HAD A SORE THROAT?	YES	NO
HAD SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?	YES	NO
HAD HEADACHES, FATIGUE, OR MUSCLE ACHES?	YES	NO
HAD REPEATED SHAKING WITH CHILLS?	YES	NO
HAD STOMACH UPSET?	YES	NO
HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?	YES	NO
WITHIN THE LAST 10 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES OR TO ANY FOREIGN COUNTRY?	YES	NO
IF SO, WHERE? _____		

By signing below, you are giving consent to treatment during the COVID-19 pandemic.

Patient Name: _____

Patient/Guardian Signature: _____ Date: _____

As per the latest CDC guidelines, a 14-day quarantine remains the best way to avoid spreading the virus to others if you've been exposed to someone with COVID-19. However, you may discontinue quarantine after a minimum of 10 days if you do not have any symptoms, or after a minimum of seven days if you have a negative COVID test within 48 hours of when you plan to end quarantine. **People who are fully vaccinated do not need to quarantine or get tested after exposure, because their risk of infection is low.** Since these guidelines are frequently updated, we will continue to monitor them and make appropriate adjustments.