Dr. Harada's COVID-19 Patient Screening Form

Instructions for use: Use one form for each patient appointment. Ask the patient these questions no more than two days before the appointment and again at the time of the appointment. Take the patient's temperature and oxygen saturation and note any signs of fever, coughing, or shortness of breath at the appointment.

Patient/Parent/Guardian Names:_____

Screening Questions	Date: Staff Initial:_____	Date: Staff Initial:_____	Notes
Do you have a fever or above-normal temperature (>100.4°F)? Take temperature at appointment.	▢ No	▢ No	If the patient answers "yes" to either question on shortness of breath or coughing, or answers to any combination of two other symptoms and the patient does not need emergency care, consider not scheduling or seeing the patient until symptoms resolve or until the patient can provide proof that they are not infectious for COVID-19. The dentist may want to seek additional information from the patient regarding symptoms.
	▢ Yes	▢ Yes	
Temperature			
Oxygen saturation			
Are you experiencing shortness of breath or having trouble breathing?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Do you have a dry cough?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Do you have a runny nose?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Have you recently lost or had a reduction in your sense of smell or taste?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Do you have a sore throat?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Are you experiencing chills or repeated shaking with chills?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Do you have unexplained muscle pain?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Do you have a headache?	▢ No	▢ No	
	▢ Yes	▢ Yes	
Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	▢ No	▢ No	If "yes" and the patient does not need emergency care, do not see the patient unless it has been more than 7 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.
	▢ Yes	▢ Yes	

Have you been in contact with someone who has tested postive for COVID-19 in the last 14 days?	▢ No	▢ No	If yes, ask for date of last contact with COVID-positive patient and set appointment time for more than 14 days later, unless the patient needs emergency care.
	▢ Yes	▢ Yes	
Have you been tested for COVID-19 in the last 14 days? *If "no" , proceed to the next questions.*	▢ No	▢ No	
	▢ Yes	▢ Yes	
If **yes**, what is the result of the testing? If **negative**, proceed to the next question. If **still waiting** on results, schedule appointment after results are known.	▢ Negative	▢ Negative	If positive, determine if the patient needs emergency care. If not an emergency, schedule patient to be seen when it has been more than 7 days since symptoms first appeared and 3 days of no fever without the use of fever reducing medication.
	▢ Unsure	▢ Unsure	
	▢ Positive	▢ Positive	
Have you traveled more than 100 miles from your home in the last 14 days?	▢ No	▢ No	If yes, determine if patient traveled to an area where COVID-19 cases are high. Determine if patient followed physical distancing precautions and wore a mask while in public. Use professional judgement when determining whether to proceed with the appointment.
	▢ Yes	▢ Yes	

Patient signature required at appointment:

I agree to notify the dental practice if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19.

Signature _____