

COVID-19 Patient Wellness Disclosures

AZDHS is requiring healthcare facilities to confirm the following disclosures, and limit entry to staff and visitors that do not have signs and symptoms of COVID-19.

Patient Name _____

	Yes	No
Do You Have A Fever? Temperature Upon Entry _____	<input type="checkbox"/>	<input type="checkbox"/>
Are You Experiencing Shortness of Breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do You Have A Cough (new onset)?	<input type="checkbox"/>	<input type="checkbox"/>
Have You Recently Noticed A Reduction In Sense Of Smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do You Have A Sore Throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have You Been In Contact With Someone Who Has Tested Positive For COVID-19 Or Displays These Respiratory Symptoms Within The Past 14 Days?	<input type="checkbox"/>	<input type="checkbox"/>

Woolaver Orthodontics adheres to regular, strict infection control protocols. Enhanced disinfection of common areas, increased patient spacing, and temporary cessation of snack, beverage, and gaming services have been implemented during this period. However, no measures can guarantee the absence of coronavirus. By signing this document, and entering the office, you acknowledge and assume the risk of exposure. If you would prefer, we would be happy to re-schedule to a later date.

Patient

Date

Parent/Guardian