COVID-19 PANDEMIC - PATIENT DISCLOSURES

A weak or compromised immune system, including but not limited to conditions like, diabetes, asthma, or any prior or current disease/medical condition can put your child at a greater risk for contracting COVID-19. Please disclose to us any condition that compromises your child's immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of anyone in your family having been exposed to COVID-19, or whether you or your child has experienced any signs or symptoms associated with the COVID-19 virus.

Please check **Yes or No** to the following questions:

	Patient/Child	Parent/Guardian
Do you have a fever or above normal temperature (100.4 F or more)?	YES☐ NO☐ Temp:	YES☐ NO☐ Temp:
Have you had a fever in the last 14 days?	YES☐ NO☐	YES☐ NO☐
Have you experienced shortness of breath or has had trouble breathing?	YES☐ NO☐	YES☐ NO☐
Do you have a dry cough?	YES☐ NO☐	YES☐ NO☐
Do you have a runny nose?	YES☐ NO☐	YES☐ NO☐
Have you recently lost or had a reduction in sense of smell?	YES☐ NO☐	YES☐ NO☐
Do you have a sore throat?	YES☐ NO☐	YES☐ NO☐
Have you been in contact with someone who has tested positive for COVID-19?	YES☐ NO☐	YES☐ NO☐
Have you tested positive for COVID-19?	YES☐ NO☐	YES☐ NO☐
Has anyone in your household been tested for COVID-19 and are awaiting results?	YES☐ NO☐	YES☐ NO☐
Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	YES☐ NO☐	YES☐ NO☐

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my child's health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate

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Signature of Legal Guardian/Responsible Party Date