

Drs. Berman and Press

1. Do you have any of the following symptoms?

- Fever
- Cough
- Shortness of Breath
- None
- Unable to Assess

2. Have you been in contact with someone with confirmed COVID-19 within the past 14 days?

- Yes
- No
- Unable to Assess

3. Have you travelled in the last 14 days to a state that requires you to be quarantined for two weeks, or have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever who has traveled within 14 days prior to their illness onset?

- Yes
- No
- Unable to Assess

4. Have you been tested positive for the Covid-19 Virus?

- Yes
- No

If you respond "Yes" to any of the above questions (1 through 4), we will gladly reschedule your appointment.

5. Have you been fully vaccinated and have 2 weeks passed since final vaccination?

- Yes
- No
- Unable to Assess

6. Date of final dose _____

7. If within 14 days of your dental visit, if you test positive for Covid-19 or are required to quarantine because of possible Covid-19 exposure or symptoms you will immediately contact our office.