

GOUDARZI DENTAL
310 Reynolds Road
Johnson City, New York 13901

Coronavirus (COVID-19) Health Screening Tool

As per the Goudarzi Dental Coronavirus (COVID-19) Clinical Policy, all patients will complete a Health Screening Form before participating in any dental care. Positive responses will be reported to Dr. Goudarzi prior to the start of any work.

Date: _____

Patient first and last name: _____

1. Are you experiencing any flu-like symptoms at this time?
 - Symptoms with a body temp > 100.4, respiratory infection (e.g., cough, sore throat, fever, or shortness of breath), generalized body aches.Yes _____ No _____

If yes, you cannot participate in your dental care.

- The patient cannot return to Goudarzi Dental until temperature is less than 100.4[®]F for 24 hours without the use of fever-reducing medications.
- Patients returning to Goudarzi Dental after reporting fever and/or cough and/or loss of taste or smell need medical clearance before returning.

2. Have you traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days? For a list of Level 2 or 3 travel designations, please see the following from the CDC: <https://wwwnc.cdc.gov/travel/notices>.
Yes _____ No _____

3. Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, OR with anyone with COVID-19 symptoms or anyone tested positive for COVID-19?
Yes _____ No _____

Clinic Coordinator _____