

Growing Smiles of Englewood

Patient Advisory and Acknowledgement

Receiving Dental Treatment During the SARS-COV-2 Pandemic

Dear Parent / Guardian,

You are presenting to our office for dental treatment for your child. Please be advised of the following:

Our office complies with the NJ State Department of Health and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus. Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus.

However, the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and are still highly contagious. Since this is a place of public accommodation, other persons (including other patients) could be infected. I understand that due to the characteristics of the virus, I have an elevated risk of contracting the virus simply by being in a dental office.

To reduce the spread of COVID-19, please answer the following screening questions:

	No	Yes
Have you or anyone in your household been diagnosed positive for COVID-19 at any time?		
Are you or anyone in your household currently awaiting the results of a COVID-19 test?		
Have you or anyone in your household been in contact with someone who tested positive for COVID-19 in the past 14 days?		
Do you or anyone in your household have a fever?		
Do you or anyone in your household have shortness of breath?		
Do you or anyone in your household have a dry cough?		
Do you or anyone in your household have a runny nose?		
Do you or anyone in your household have a sore throat?		
Do you or anyone in your household have gastrointestinal symptoms such as diarrhea, nausea, and/or vomiting?		
Have you or anyone in your household recently experienced headaches, fatigue, or weakness?		
Have you or anyone in your household recently lost their sense of taste or smell?		
Have you or anyone in your household traveled to any foreign country in the past 14 days?		
Have you or anyone in your household traveled within the U.S. in the past 14 days?		

Parent / Guardian Name: _____

For Office Use Only:

Parent / Guardian Signature: _____

Child's temp: _____

Child's Name: _____

Parent's temp: _____

Date: _____