**AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE**

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you, your child, or others accompanying you to today’s appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Have you traveled out of state in the past14days**?**

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ If yes where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you, your child, or others accompanying you to today’s appointment or other recent acquaintances have:

1. A Fever (defined as above 100.4 degrees)

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

2. A Cough? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

3. Shortness of Breath and/or Trouble Breathing

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

4. Persistent Pain, Pressure, or Tightness in the Chest?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

5. Recent loss of taste or smell?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today’s orthodontic appointment.

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Patient Name Date

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Patient/Parent’s Signature Date