



Sandro Frangella DDS PC

PLEASE COMPLETE DAY OF APPOINTMENT

To ensure the safety of our patients and staff, all patients and family members entering this office are required to complete the following questionnaire prior to each visit.

Check in the appropriate box below. Each question MUST be answered.

YES	NO	COVID-19 Pre-screening questionnaire
<input type="checkbox"/>	<input type="checkbox"/>	Have you traveled outside of NJ in the past two weeks? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with, or are you currently awaiting tests relating to a suspected coronavirus (Covid-19) diagnosis?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been in close contact with someone with a confirmed or suspected case of coronavirus within the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any flu-like symptoms such as; gastrointestinal upset, headache, fatigue, loss of smell or taste?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any changes in your medical health or new medications being taken since your last dental appointment? If yes, _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a first responder, healthcare worker, employee or attendee of a child or adult care facility?

DO YOU ACKNOWLEDGE YOU HAVE ANSWERED ALL QUESTIONS TRUTHFULLY?

Please print name

Date of appointment

Signature of patient/parent/guardian

Temperature at appointment: _____ (to be completed by office staff)