



The San Diego Center for Oral & Maxillofacial Surgery

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COVID-19 SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the oral surgeon, nurses, office 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 anyone attending today's appointment had or been in close contact (within 6 feet, regardless of wearing a mask or not) with anyone who has:

- A Fever (defined as above 100 degrees)? Yes_____ No_____
- A Cough? Yes_____ No_____
- Shortness of Breath and/or Trouble Breathing? Yes_____ No_____
- Persistent Pain, Pressure, or Tightness in the Chest? Yes_____ No_____
- Any other flu-like symptoms such as gastrointestinal upset, nausea, fatigue, or headache? Yes_____ No_____
- Tested positive for or been diagnosed as having COVID-19? Yes_____ No_____

If yes, please list date of diagnosis or test: _____

- Travelled to high-risk area? Yes_____ No_____

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

Patient Name

Date

Patient Signature

Temperature