DEREK L. DEAN, DDS
GENERAL DENTIST

GRANT W. BUTLER, DMD
GENERAL DENTIST

Ruby Canyon DENTAL

CHELSE WADDELL, DDS
GENERAL DENTIST

COURTNEY SCHWIND, DDS
GENERAL DENTIST

COVID-19 (CORONAVIRUS) QUESTIONAIRE

1. Do you have any of the following symptoms? Please check those that apply.
   - o Fever, chills or shaking with the chills
   - o New or worsening dry cough
   - o Shortness of breath
   - o Flu-like symptoms which have developed within the last 14 days
   - o New loss of taste or smells
   - o Nausea and vomiting

2. Are you currently waiting for the results of a Covid-19 test? **Y** **N**

3. Have you been in close contact with someone confirmed to have Covid-19?
   - o Yes (if yes, how long ago and in what circumstance? _____)
   - o No

4. Do you work in a healthcare setting that brings you into contact with patients that are positive for Covid-19?
   - o Yes (if yes, do you use the appropriate PPE as prescribed by your workplace? **Y** **N**)
   - o No (I do not work in healthcare **OR** I do work in healthcare, but not with COVID patients)

To the best of my knowledge, all the preceding answers and information I have provided are true and correct.

_____
Patient Name Printed