

## Covid-19 Patient Screening Questions

1. In the past 48hrs, have you had any of these **symptoms** that are not caused by another condition?
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - Recent loss of taste or smell
  - Sore throat
  - Congestion
  - Nausea or vomiting
  - Diarrhea
  
2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms?
  
3. Have you had a positive COVID-19 test for active virus in the past 10 days?
  
4. Have you, or anyone you have come in contact with, traveled out of state in the last 14 days?

If you have answered **YES** to any of the questions above, please call or reply to this email. We will likely need a deeper discussion before proceeding with elective dental treatment.

Thank you for your time and consideration,

Rosenwald & Associates