



## WDG Supplemental Health Questionnaire

If you have been exposed to a communicable disease, you may spread the disease to the dentist, dental 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 test positive for or been diagnosed as having COVID-19 or any other communicable disease?

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

If yes, when? Date\_\_\_\_\_

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

-A Fever (defined as above 99.6 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\_\_\_\_\_

-Gastrointestinal distress/ diarrhea in the previous 24-48 hours?

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

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

**X**

\_\_\_\_\_  
Patient/ Parent's Signature

\_\_\_\_\_  
Date