Periodontal Specialists, P.A.

COVID-19 Patient Screening

Our ultimate goal is your health. To help keep you and our team safe, we ask that you fill out the following screening form prior to your visit today.

1. Have you traveled internationally in the last 14 days? Yes No

   If Yes, where? _____

2. Have you traveled via a domestic flight, bus, or train in the last 14 days? Yes No

   If Yes, where? _____

3. Are you or have you recently experienced a persistent cough? Yes No

4. Are you or have you recently experienced a fever? Yes No

5. Are you or have you recently experienced shortness of breath? Yes No

6. Are you or have you recently experienced any other flu-like symptoms such as GI upset, headache, or fatigue? Yes No

7. Have you experienced a recent loss of taste or smell? Yes No

8. Have you been in recent contact with any person who tested positive for COVID-19? Yes No

   If Yes, when? _____