



# Small to Tall Intake Form Regarding COVID-19

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Temperature(s):

Yes      No      Have you experienced any of the following symptoms in the past 48 hours?  
(check all that apply)

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Yes      No      Within the past 14 days, have you or anyone in your household been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

1. Anyone who is known to have laboratory-confirmed COVID-19?
- OR
2. Anyone who has any symptoms consistent with COVID-19?

Yes      No      Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

Yes      No      Are you currently waiting on the results of a COVID-19 test?  
Date of Test: \_\_\_\_\_

Yes      No      Have you had COVID-19?  
Date of last positive test: \_\_\_\_\_  
Last symptomatic day: \_\_\_\_\_

Yes      No      Have you been immunized for COVID-19?     1<sup>st</sup> Dose     2<sup>nd</sup> Dose

**I, \_\_\_\_\_, knowingly and willingly consent to have my child receive dental treatment during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. It is impossible to determine who has it and who does not without a test. Some dental procedures create an aerosol spray which can spread the disease. The ultra-fine nature of the spray can linger in the air for minutes to hours. I understand that due to the characteristics of the virus and the characteristics of the dental procedures I may have an elevated risk of contracting the virus by being in the dental office. Currently there is very little evidence detailing the transmission of SARS-CoV-2 associated with any specific procedures.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date