

KAUFMAN DENTISTRY, Inc.

COVID-19 Screening Documentation for Dental Treatment

To ensure that our patients are treated in an environment that promotes health and well being free from COVID-19, and in accordance with Cal/OSHA requirements for providing a safe and healthy workplace, we use this screening form to manage all of our patients prior to visiting our office for dental treatment to ensure they are asymptomatic and have not been in close contact with anyone showing symptoms of COVID-19 or diagnosed with COVID-19. Patients with active symptoms of COVID-19 should not receive treatment in a dental office. If the patient is afebrile (temperature < 100.4°F) and otherwise without symptoms consistent with COVID-19, then we may provide dental care using appropriate engineering controls and safe work practices as stated in our COVID-19 Control and Prevention Plan.

PATIENT INFORMATION

Patient's Name _____ Date _____

Contact email or phone: _____ Temperature (to be taken at check-in): _____

Other People in the Waiting Room at Patient's Check-in: _____

PATIENT QUESTIONS

• What dental treatment are you requesting (symptoms, history)? _____

(Staff must determine if the dental treatment request warrants an office visit, if teledentistry can be utilized, or if symptoms can be managed at home with detailed home care instructions and any appropriate pharmaceuticals.)

• **Have you tested positive for COVID-19 or are you suffering from any of the following signs or symptoms of COVID-19?** If any of the answers below are "yes", then treatment should be deferred.

Please mark (yes) or (no) for each question:	Yes	No
1. Have you tested positive for COVID-19? If yes, when did the symptoms abate (date)? _____	_____	_____
2. Do you currently have COVID-19 symptoms or are you under mandatory isolation?	_____	_____
3. Have you had close contact with someone diagnosed with COVID-19 or with symptoms?	_____	_____
4. Are you currently experiencing, or have experienced recently within the last 3 weeks:		
• coughing	_____	_____
• fever	_____	_____
• shortness of breath	_____	_____
• loss of taste/smell	_____	_____
• other COVID-19 symptoms (sore throat, headache, fatigue, GI symptoms, chills)*	_____	_____

* These symptoms on their own must be assessed on a case-by-case basis since they are vague and common to many illnesses.

REMINDERS FOR PATIENTS

1. If the patient reports symptoms of COVID-19, dental care will be delayed if possible until the patient has recovered following CDC guidelines on when to discontinue home isolation.
2. If emergency dental care is medically necessary for a patient who has or is suspected of having COVID-19, then the patient will be referred to a hospital or other facility that can treat the patient using the appropriate precautions.
3. If a patient passes the screening questions and will be seen in the office, but plans to bring a driver, then the driver should remain outside the office. Additionally, the patient should wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen.
4. If a parent, guardian, or caretaker must accompany a patient to the appointment, remind them to comply with social distancing rules in the waiting area.
5. All visitors are requested to wear facemasks (cloth is acceptable) in the dental office.