Stonebrook DENTAL

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COVID-19 QUESTIONNAIRE

If you have any questions, please feel free to discuss them with our team or dentist. We thank you for taking the time to answering this questionnaire, as a screening tool to protect you and our Team members from infection that may be detrimental to yours or the health of the public.

1- Have you been travelling anywhere recently? YES NO
If YES, when did you arrive/returned? _____
where have you travelled ? _____

2- Have you had a cough or sore throat recently? YES NO
If YES , how long did it last? _____

3- Have you had fever recently? YES NO
If YES, how long did it last? _____

4-If you have had any of the symptoms of an upper repertory infection, when was the date of your last symptoms? _____

5-Have you been in contact recently with anyone who has had a cough, fever or other similar illness?
YES NO
If YES, date of contact and location: _____

6- Have you had any other illnesses recently: YES NO
If YES, explain symptoms: _____

I, _____, hereby declare that the above answers are true and correct to the best of my knowledge and belief.

_____ _____
Print name Date