Howard University Pediatric Dental Clinic COVID--19 Questionnaire

In order to protect your child and others, we are asking about symptoms and exposure to COVID-19. Your child's health is our priority, please answer these questions so that we can direct your child to the care that he/she needs as quickly as possible.

All parents/guardians/nurses of patients who will be treated in the Pediatric Dental Clinic of Howard University College of Dentistry must have their temperature taken and complete our COVID-19 Questionnaire before being escorted into the clinical treatment areas.

Instructions: Please fill in the following information

_____ Temperature:

last 10 days?

Part 1

 Email:

Appointment Location:

YES

NO

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Has you	ar child developed any of the following symptoms within the past 24
hours?	
•	Cough?

Has your child been in close contact with anyone who tested positive for

Has your child been diagnosed with COVID-19 by a health care provider in the

COVID-19 or was diagnosed with COVID-19 in last 14 days?

Have you traveled in the last 14 days and if so where?

- Shortness of breath/trouble breathing? Sore throat? • Fever ($\geq 100.4^{\circ}$ F) or chills (would
- indicate fever)? Nausea/Vomiting?
- Persistent pain, pressure or tightness in the chest? New loss or sense of taste or smell?



YES to any question in Part 1, the child should not visit or come to their appointment and reschedule their visit.

It is the policy of the Howard University College of Dentistry's Pediatric Dental Clinic that no parent/guardian will accompany their child(ren) into the operatories for their appointment unless deemed by the supervising instructor. This is due to the current global COVID-19 pandemic in an effor to minimize exposure to other patients, staff, student, resident and faculty.

Thank you for your understanding and cooperation!