

# HOWARTH

FAMILY • DENTAL • CENTER  
DR. GREGG L. HOWARTH, DMD, P.A.

## NOVEL CORONAVIRUS DISEASE (COVID-19) SCREENING & CONSENT QUESTIONNAIRE

Have you traveled anywhere with a reported outbreak of COVID-19 in the last 30 days?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been in close contact with another person who has been diagnosed, treated, or under investigation for COVID-19? (Defined as being within 6ft of a person with the virus for a prolonged time period or direct contact with bodily secretions) or have you been in large crowds during the past 30 days?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you had or do you currently have a cough, fever or shortness of breath, sneezing, head/chest congestion within the last 30 days without the aid of fever reducers, or tested positive for COVID-19?

YES \_\_\_\_\_ NO \_\_\_\_\_

I, \_\_\_\_\_, consent to dental treatment at  
Howarth Family Dental Center on \_\_\_\_\_,  
understanding the given risk with COVID-19.

Signature: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Witness: \_\_\_\_\_

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

***You are receiving dental care during the events of a COVID-19 National Emergency. Please be advised that there may be risks in being in the proximity of dentists, patients, or staff. We are taking precautions to limit the spread of disease, yet there is still a possibility of transmission.***