South Shore Oral Surgery Associates, PC

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Diplomates of the American Board of Oral and Maxillofacial Surgery

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COVID-19 Questionnaire

Patient Temperature Upon Arrival _____

In light of the recent pandemic, we would like to assure you that our office and team are following the guidelines set forth by the American Association of Oral and Maxillofacial Surgeons (AAOMS). We are limiting our appointment schedule to decrease the number of patients in the office. As always, we are thoroughly and routinely disinfecting the office and our team follows the universal precautions as outlined by our professional society.
Please take the time to complete this simple questionnaire.

Please **circle** the appropriate answer:

1. Have you tested positive for the COVID-19 virus? YES NO

If you answered yes to the previous question when did you test positive?

2.Have you been contacted by the CDC or HHS that you may have been in contact with a known COVID-19 carrier? YES NO

3. Have you recently returned from travel outside of New York? YES NO

4. Do you have any malaise or flu like symptoms (fever, cough, loss of smell/taste)? YES NO

Patient Signature_____ Date_____

Doctor Signature_____ Date_____