



We are taking precautions to limit the spread of COVID-19.

Please answer yes or no:

- 1) Have you traveled in the last 14 days? Y N

- 2) Have you been in close contact with another person that has travelled internationally in the last 14 days? Y N

- 3) Have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19? Y N

- 4) Have you been experiencing a cough, fever or shortness of breath? Y N

If you respond “yes” to these questions, please contact your primary care physician or public health department as soon as possible to determine if you should be seen or tested for COVID-19.

I understand that Franklin Dental Associates is taking every precaution to limit the spread of disease, yet there may still be a possibility for transmission.

Signature : _____ Date: _____