SCARSDALE DENTAL GROUP

Creating Smiles for a Lifetime

David Furnari D.D.S.
14 Harwood Court Suite 211
Scarsdale, NY 10583
Tel: (914) 723 4707
www.ScarsdaleDentalGroup.com

COVID-19 Screening Form:

Patient Name: _____

Please check YES or NO to the following questions:

1. Have you or traveled outside of the USA in the last 14 days? YES___ NO___

2. Have you traveled within the USA in the last 14 days? YES___ NO ___

3. Have you and/or the patient been in close contact with anyone who has traveled domestically or internationally in the last 14 days? YES ___ NO ___

4. Have you attended any events or gatherings with more than 100 people? YES ___ NO___

5. Have you been in close contact with a person known to have Covid 19? YES ___ NO ___

6. Have you and/or the patient been asked to self-quarantine? YES ___ NO ___

7. Do you currently have fever or lower respiratory symptoms such as a cough or shortness of breath?

Yes___ NO___

8. Do you have a new onset of cold symptoms such as a cough and runny nose? YES ___ NO ___

9. Are you awaiting a Covid 19 test result? YES ___ NO ___

10. Have you been Vaccinated? Shot 1: Yes ___ NO ___

Shot 2: YES ___ NO __

Signature: _____ Date: _____