JACKSONVILLE COMPREHENSIVE DENTISTRY

COVID-19 Pandemic-Patient Disclosures

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, cardiovascular disease, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	YES	NO
1) In the past 14 days, have you knowingly been in contact with someone who has tested positive for COVID-19?		
2) Have you tested positive for COVID-19?		
3) Have you been tested for COVID-19 and are awaiting results?		
4) Do you have any of the following COVID-19 signs or symptoms: Fever, shortness of breath/trouble breathing, dry cough, runny nose, or sore throat		

I agree to notify this office if I develop any COVID-19 symptoms within 48 hours after a dental appointment.

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

_____ _____

Signature Date

_____

Witness

Drs. Clark and Cunningham

1450 1st Avenue, S.W., Jacksonville, AL 36265

256-435-2007 Jaxdent.com