

# COVID-19 Screening Form

Patient's name: \_\_\_\_\_

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

Patient's name: \_\_\_\_\_

1. Have you or anyone in you household previously been diagnosed with COVID-19, or think you've had/have COVID-19? Circle: YES NO (If NO to question 1, skip to question 5)

2. If YES, when, and how were you/ they confirmed positive?

I think I /they had it- Circle: YES NO If yes, Date \_\_\_\_\_

I /They had a positive test - Circle: YES NO If yes, Date \_\_\_\_\_

I/ They currently have symptoms and waiting for a test - Circle: YES NO

3. If you or anyone in your household have had COVID-19, how were you confirmed negative?

\_\_\_\_\_

4. If you or anyone in your household have had COVID-19, when were you confirmed negative?

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

5. Do you or anyone in your household currently have (or have you experienced) any of the following symptoms in the past 21 days: **Circle all that apply**

Fever: YES NO

If fever, how did you measure it? \_\_\_\_\_

Altered or loss of taste/smell YES NO

Dry cough YES NO

Shortness of breath, difficulty breathing, chest tightness YES NO

Chills/repeated shaking with chills YES NO

Headache or sore throat YES NO

Any other flu-like symptoms YES NO

6. Are you or anyone in your household in contact with anyone who has been sick and/or confirmed to be COVID-19-positive? Circle: YES NO

7. In the past 14 days have you or anyone in your household traveled by airline, ship, or train?

Circle: YES NO

Parent / Guardian Signature: \_\_\_\_\_

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

Parent/ Guardian Name: \_\_\_\_\_

**TURN OVER →**

# COVID-19 Screening Form

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Just Kids Dentistry has put preventative measures in place to reduce the spread of COVID-19; however, Just Kids Dentistry cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Just Kids Dentistry activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Just Kids Dentistry, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Just Kids Dentistry may result from the actions, omissions, or negligence of myself and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Just Kids Dentistry events ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Just Kids Dentistry, and its employees, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Just Kids Dentistry, its employees and representatives, whether a COVID-19 infection occurs before, during, or after any visit to Just Kids Dentistry.

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Signature of Parent/Guardian

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Date