



COVID-19 Screening Form

Please review the following acknowledgment form. You will be required to sign this form prior to being seen in the office.

I acknowledge I have not had any of the following symptoms in the last 14 days nor have I been around an individual who has demonstrated the following symptoms in the last 14 days:

- shortness of breath or difficulty breathing
- flu-like symptoms, such as cough, fever, chills, runny nose, sore throat, nausea, vomiting, headache, body ache
- loss of taste or smell

I acknowledge I have not been in a group setting involving more than 10 people in the last 14 days nor have I been around an individual who has been in a group setting involving more than 10 people in the last 14 days.

I acknowledge I have not tested positive for COVID-19 nor have I been around an individual who has tested positive for COVID-19 in the last 30 days.

I acknowledge that if I do develop any of the above-mentioned symptoms, I am required to notify the office of East Alabama Endodontics up to 30 days following my visit.