Pasadena Prosthodontics
Prosthodontics & General Dentistry
566 El Dorado Street, Suite 200
Pasadena, California 91101 626/793-6700

Patient Screening Form

Patient/Parent/Guardian Names: _____ Date _____

Are you fully vaccinated for COVID-19?

An individual is considered fully vaccinated if it has been more than 2 weeks since they received the last shot of a 2-dose vaccine (for example, Moderna or Pfizer) or a single dose vaccine (J&J).

If **YES**, please proceed to Signature line

If **NO**, please answer the following questions:

1. Do you have a fever or above normal temperature (>100.0˚ F)?	◯Yes ◯No
2. Are you experiencing more than one of the following symptoms: shortness of breath, dry cough, sore throat, unexplained muscle pain, headache or nausea, new loss or taste or smell?	◯Yes ◯No
3. Even if you don't currently have any of the above symptoms, have you experienced more than one of these symptoms in the last 14 days?	◯Yes ◯No
4. Have you been advised to quarantine due to close contact with someone diagnosed with COVID-19?	◯Yes ◯No
5. Have you been tested for COVID-19 in the last 14 days?	◯Yes ◯No
6. Have you traveled out of state or out of country in the last 14 days?	◯Yes ◯No

I agree to notify the dental practice if within 2 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand the dental practice has a legal and ethical obligation to inform me if a staff person I had close contact with tested positive for COVID-19 within 2 days.

Signature _____