

AZITA EBRAHIMI, DDS
SERENE FAMILY DENTISTRY
26732 CROWN VALLEY PKWY., STE 451
MISSION VIEJO, CA 92691

COVID-19 Screening Form

First point of contact should screen the patient/visitor and check any boxes that apply.

- has a fever (>100.4) AND signs/symptoms of acute illness (e.g. cough, difficulty breathing, sudden loss of taste or smell, sore throat, body aches)
- has had close contact with someone with confirmed or suspected COVID-19 within the last 14 days
- has more than one system of acute illness (e.g. cough, difficulty breathing, sudden loss of taste or smell, sore throat, body aches)
- does not meet any of the above criteria

VISITORS:

If any of the first three boxes are checked, the visitor should be advised to defer visiting the facility. If the visitor refuses, contact the administrator on call.

PATIENTS:

If any of the first three boxes are checked, place a mask on the patient and collect the following information.

Name _____ Phone _____ Date _____ Time _____

Send the patient to

following established routes.