

KINGS PARK DENTAL
John Gentile D.D.S., M.A., F.A.G.D.

Health Screening

YES NO Are you exhibiting symptoms of acute respiratory illness (fever, cough, shortness of breath, etc.)?

YES NO Have you had close contact with a laboratory confirmed COVID-19 case?

YES NO Have you been in close contact with someone hospitalized with acute lower respiratory illness of unknown origin?

YES NO Do you have a history of travel to or from an affected geographic area with widespread community transmission?

YES NO Do you have a history of international travel or cruise within the past 4 weeks?

YES NO Are you immunocompromised?

Temperature: _____

Name: _____

Signature: _____ Date: _____