

Dental Office Return-to-Work Screening Form



DATE: _____

All dental office staff must confirm their absence of symptoms. If symptoms are present, further investigation is needed by the managing dentist.

Do you have any of the following symptoms:

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Name	Yes/No (A.M.) Temperature	Yes/No (P.M.) Temperature	Signature

Staff experiencing symptoms of COVID-19 must immediately go home and not return to work until after consulting with their physician and/or after they are symptom-free following 14 days of self-isolation.