



Broadway Dental

Building Confidence. Transforming Smiles.

Covid-19 Screening

1. Have you tested positive for Covid-19?

Y N

2. Have you come in contact with someone who has tested positive for Covid-19?

Y N

3. Have you traveled outside of the US in the last 14 days?

Y N

4. Have you traveled to any of the US "hotspots" in the last 14 days?

Ex. New York, New Jersey, Washington state, Miami

Y N

5. Have you had any of these symptoms in the last 14 days?

Ex. Fever over 100, difficulty breathing, cough, loss of smell or taste?

Y N

6. Are you currently experiencing a fever or cough?

Y N

7. If you answered yes to any of the above questions, call your Primary Care Provider before proceeding.