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COVID-19 Questionnaire

I am unaware of being a possible carrier or infected: I confirm that I have not tested positive for COVID-19 in the last 30 days and that I am not presenting with any of the following symptoms of COVID-19:

1. Fever of 100.5 degrees Fahrenheit or 37 degrees Celsius or higher
2. Shortness of breath
3. Dry cough
4. Runny nose
5. Sore throat
6. Diminished sense of taste and smell

Contact with infected:

I confirm that I have not knowingly been in close contact defined as 6 feet or less for a duration of fifteen minutes or more with someone who has tested positive for COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in the last 14 days.

Public Travel:

I confirm that I have not traveled outside of United States in the past 14 days.
I confirm that I have not traveled domestically by commercial airline, bus, or train within the last 14 days.

Patient's name (Please print) Signature of patient, guardian or authorized representative Date

Witness to signature Date

For future visits

Please indicate if there are any changes to the above questions.

None (Please sign) Changes Date

None (Please sign) Changes Date

None (Please sign) Changes Date

None (Please sign) Changes Date

None (Please sign) Changes Date

None (Please sign) Changes Date