



## Fielfer Murga, DDS

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To ensure the safety of our patients and staff, all patients and family members entering this facility are required to complete the following questionnaire prior to each visit.

Place and "X" in the appropriate box below. Each question MUST be answered

### COVID-19 Pre-Screening Questionnaire

YES NO

Have you or anyone you have been in close contact with travelled overseas or been on a cruise in the last 14 days?

Have you recently traveled to an area with known local spread of COVID-19?

Have you been diagnosed with, of are you currently awaiting tests relating to, a suspected coronavirus (COVID-19) diagnosis?

Have you been in close contact with someone with a confirmed or suspected case of coronavirus (COVID-19) within the last 14 days?

Do you have a fever (greater than 100 degrees F) or symptoms of respiratory illness such as cough, sore throat, difficulty breathing or shortness of breath?

Have you/they experienced recent loss of taste or smell?

Are you a first responder, healthcare worker, or employee or attendee of a child or adult care facility?

**Do you acknowledge you have answered all question truthfully?**

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date of Appointment

Temperature at Appointment \_\_\_\_\_ (To be completed by office staff)