

This office screens patients for ATD's (aerosol transmissible disease) using health history forms and oral communication at the reception desk as patients enter our office. Any patient with suspected ATD is asked to go home and if emergency dental treatment necessary, is referred to a hospital. This office follows dental infection control requirements to help minimize the spread of ATD's.

ATD Screening Documentation- Patient Questionnaire

To ensure our patients are treated in an environment that promotes health and well-being, and in accordance with Cal/OSHA requirements for providing a safe and healthful workplace, patients suffering from ATD such as mumps, chickenpox, measles, influenza, tuberculosis or other illnesses that may be spread by airborne transmission should notify our office immediately.

Respiratory Hygiene and Cough Etiquette

During your time in our facility, please abide by the following practices recommended by the Centers for Disease Control and Prevention.

- Cover your nose and/or mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- Wash your hands with soap and water or with alcohol-based hand sanitizer after you have had contact with potentially contaminated respiratory secretions.

Patient Information

Patient's Name: _____

Signature/Parent/Guardian Signature: _____ Date: _____

Are you suffering from any of the following signs or symptoms of aerosol transmissible illness?

Please mark (YES) or (NO) for each question:

	YES	NO
1. Do you currently have a contagious respiratory illness?	_____	_____
2. Have you had a cough for at least 4 weeks not explained by noninfectious conditions?	_____	_____
3. Have you had coughing fits that interfere with eating, drinking, talking or breathing?	_____	_____
4. In addition to cough, are currently experiencing, or experienced recently:		
• Fever	_____	_____
• Chronic Fatigue	_____	_____
• Cough up blood	_____	_____
• Painful, swollen salivary glands	_____	_____
• Unexplained rash	_____	_____
5. Do you have or have you been exposed to anyone with an infectious aerosol transmissible other than seasonal influenza? (See below for a list of such illnesses and circle specific diseases exposures.)		
• Flu (other than seasonal)		• Shingles
• Chickenpox		• Measles
• Smallpox		• MRSA
• Tuberculosis		• SARS
• Diphtheria		• Scarlet Fever
• Meningitis		• Other infections: _____
• Mumps		
• Pneumonia		
• Parvovirus		
• Epstein-Barr Virus		
• Strep		
• Whooping Cough		

