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COVID SCREENING

Patient: _____

Date: _____

Adults of any age with the following conditions **are at high risk** of severe illness from the virus that causes COVID-19 AND SHOULD STRONGLY CONSIDER DELAYING ALL TREATMENT UNTIL JUNE 1, 2020. AN M.D. OR D.M.D. MUST REVIEW HISTORY AND CLEAR ANY TREATMENT:

- [Cancer](#)
- [Chronic kidney disease](#)
- [COPD \(chronic obstructive pulmonary disease\)](#)
- [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
- [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
- [Obesity \(body mass index \[BMI\] of 30 kg/m² or higher but < 40 kg/m²\)](#)
- [Severe Obesity \(BMI ≥ 40 kg/m²\)](#)
- [Pregnancy](#)
- [Sickle cell disease](#)
- [Smoking](#)
- [Type 2 diabetes mellitus](#)

Based on what we know at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19 AND SHOULD CONSIDER DELAYING ALL NON-EMERGENCY TREATMENT UNTIL JUNE 1, 2020. AN M.D. OR D.M.D. MUST REVIEW HISTORY AND CLEAR ANY TREATMENT:

- [Asthma \(moderate-to-severe\)](#)
- [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
- [Cystic fibrosis](#)
- [Hypertension or high blood pressure](#)
- [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines](#)

- [Neurologic conditions, such as dementia](#)
- [Liver disease](#)
- [Overweight \(BMI > 25 kg/m², but < 30 kg/m²\)](#) (Continued on next page)
- [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)
- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)

1. Have you traveled from a quarantine required area in the last 14 days? Or out of the country? If yes, please describe area(s) visited:

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

3. Have you had any of these symptoms in the last 14 days? Please circle

Fever over 100 F, with chills? Cough? Congestion, with runny nose?

Body Aches? Moderate to severe tiredness?

If the answer to any of the above is “yes”, please discuss with our doctors before treatment.

Signed _____

Print Name _____

Body temperature today, forehead, taken by staff: _____