



Auckland Oral
& Maxillofacial
Surgery Group

COVID-19 Screening Questions

Please complete the COVID-19 screening questionnaire and the general health questionnaire **prior** to presenting for your appointment. When we have received the completed forms by email we will contact you again to confirm your appointment time. Thank you for your understanding. The health and safety of both you and our staff is paramount.

Have you tested positive for COVID-19? YES NO

Are you suspected of having COVID-19? YES NO

Do you have **any** of the following symptoms?

- Cough YES NO
- Sore throat YES NO
- Shortness of breath YES NO
- Runny nose, sneezing, post-nasal drip YES NO
- Loss of smell YES NO
- Fever YES NO

Have you been in close contact with a suspected case? YES NO

Have you been in isolation with a suspected case? YES NO

Are you over 70 years old? YES NO

Are you an essential worker / have you been outside your bubble? YES NO

Have you travelled internationally in the last 14 days? YES NO

IMPORTANT: Please contact the Rooms (09 369 5566) if you answer yes to, or are unsure about, any of the questions.