



Dr. Scott Yamaoka
Periodontics & Oral Implantology

Wellness Form

Please complete form 24 hours prior to appointment time.

**First
Name:** _____

**Last
Name:** _____

Do you have a cough, shortness of breath, sore throat, loss of smell or taste?

Yes

No

In the past few weeks have you had a fever or have you been taking medication to reduce the fever?

Yes

No

Have you come in contact with someone experiencing symptoms of COVID-19 in the last 14 days?

Yes

No

Have you had COVID – 19?

Yes

No

If yes, have you had 2 negative tests since symptoms subsided?

Yes

No

Have you travelled internationally or outside the province in the last 14 days?

Yes

No

Date: _____

Signature: _____