Sein H. Siao, DMD & Associates, PC

SCREENING QUESTIONAIRE:

- Have you been fully vaccinated? YES___ NO___
- Have you been diagnosed with COVID-19 in the past 10 days? YES___ NO___

  Have you been tested for Covid in the last 10 days? YES___ NO___
- Have you had close contact with any COVID patients (past 10 days)? YES___ NO___
- How are you feeling today? Any flu like symptoms,loss of taste/smell YES___ NO___