



Neal W Rogol DMD, Inc.
24 Salt Pond Road, Unit G2
South Kingstown, RI 02879
401-214-0880

COVID-19 SCREENING QUESTIONNAIRE

Patient Name: _____
Last First MI

Have you traveled internationally in the last 14 days? Yes No

Have you been in close contact with another person who has been diagnosed with/under investigation for COVID-19? Yes No

Do you have a cough, fever or shortness of breath? Yes No

Patient (or Parent if minor child) Signature _____ Date: _____

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