

JENNIFER E. CROMEYER DDS
 4500 47th Avenue Ste. 1 Sacramento, CA 95824
 (916)422-1917 main
 (916)422-2459 fax

ATD Screening Documentation - Patient Questionnaire

To ensure that our patients are treated in an environment that promotes health and well-being, and in accordance with Cal/OSHA requirements for providing a safe and healthful workplace, patients suffering from aerosol transmissible diseases such as mumps, chickenpox, measles, influenza, tuberculosis, or other illnesses that may be spread by airborne transmission should notify our office immediately.

Respiratory Hygiene and Cough Etiquette

During your time in our facility, please abide by the following practices recommended by the Centers for Disease Control and Prevention:

- Cover your nose and/or mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- Wash your hands with soap and water or with alcohol-based hand sanitizer after you have had contact with potentially contaminated respiratory secretions.

Patient Information

Please fill out and return the completed questionnaire to the reception desk. If signed by the patient's guardian, please print full name next to the signature.

Patient's name _____

Contact information (email or phone) _____

Signature _____ **Date** _____

Are you suffering from any of the following signs or symptoms of aerosol transmissible illness?

Please mark (yes) or (no) for each question:

	Yes	No
1. Do you currently have a respiratory illness?	_____	_____
2. Have you had a cough for at least 3 weeks not explained by noninfectious conditions?	_____	_____
3. Have you had coughing fits that interfere with eating, drinking, talking or breathing?	_____	_____
4. In addition to cough, are you currently experiencing, or experienced recently:		
• unexplained weight loss (more than 5 pounds)	_____	_____
• night sweats	_____	_____
• fever	_____	_____
• chronic fatigue or malaise	_____	_____
• coughing up blood	_____	_____
• painful, swollen salivary glands	_____	_____
• unexplained rash	_____	_____
• stiff neck	_____	_____
5. Have you been exposed to anyone with an infectious aerosol transmissible illness other than seasonal influenza?		

(See below for list of such illnesses, and circle specific disease exposures.)

Any flu other than seasonal flu
 Chickenpox
 Shingles
 Measles
 Monkeypox
 SARS

Smallpox
 Tuberculosis
 Diphtheria
 Meningitis
 Mumps
 Pneumonia

Parvovirus
Pertussis (whooping cough)
 Pharyngitis
 Epstein-Barr virus
 Strep
 Scarlet fever