Tandheelkundigcentrum Dewever - Wouters

Tandheelkundigcentrum Dewever – Wouters
‘s Meiersstraat 11
3000 Leuven
016/23.05.84

COVID-19 Questionnaire

Dear patient,

Due to COVID-19, we are obliged to ask you to complete this questionnaire so that the dental treatment can be carried out in a safe manner. Prior to coming for your appointment, you need to complete and send the questionnaire below.

Full name : .....

Birth date : .....

1. Are you currently infected with the COVID-19 virus? YES / NO
2. Do you currently have roommates/family members that are infected with COVID-19? YES / NO
3. Has it been less than two weeks since you recovered from COVID-19? YES / NO
4. Have you been abroad during the past two weeks? YES / NO
5. Do you experience any of the following symptoms? (tick all that apply)

○ Cold	○ Sore throat
○ Sneezing	○ Anxiety
○ Coughing	○ Fever (over 37,3°C)
○ Loss of taste or smell	○ Severe muscle pain or fatigue

6. Do you have roommates/family members that experience any of the above symptoms? YES / NO
7. Are you in home isolation? YES / NO
8. Do you live in a nursing home (WZC) or an institution? YES / NO

I declare that I have answered the above questions truthfully.

Date and signature

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