

Patient Screening for Aerosol Transmissible Diseases (ATD)

Do you have:

A history of Tuberculosis? Yes No If yes, explain: _____

Symptoms of tuberculosis?

Productive cough (> 3 weeks): Yes No If yes, explain: _____

Bloody sputum Yes No If yes, explain: _____

Night sweats Yes No Fatigue Yes No

Malaise Yes No Fever Yes No

Unexplained weight loss Yes No

Flu & Other Aerosol transmissible diseases, including pertussis, measles, mumps, rubella, chicken pox, meningitis:

Do you have:

How long? Explain:

Fever? Yes No _____

Body aches? Yes No _____

Runny nose? Yes No _____

Sore throat? Yes No _____

Headache? Yes No _____

Nausea? Yes No _____

Vomiting or diarrhea? Yes No _____

Fever and respiratory symptoms? Yes No _____

Severe coughing spasms? Yes No _____

Painful, swollen glands? Yes No _____

Skin rash, blisters? Yes No _____

Stiff neck, mental changes? Yes No _____

Dental facilities must pre-screen patients for aerosol transmissible diseases. Dental procedures are not performed on patients suspected or identified as having aerosol transmissible diseases.

Chronic Respiratory Diseases (NOT ATD's, and not considered infectious) do not disqualify a patient from treatment:

Do you have:

Asthma? Yes No

Allergies? Yes No

Chronic upper airway cough syndrome "postnasal drip"? Yes No

Gastroesophageal reflux disease (GERD)? Yes No

Chronic obstructive pulmonary disease (COPD)? Yes No

Emphysema? Yes No

Bronchitis? Yes No

Dry cough from ACE inhibitors? Yes No

Dental offices are NOT required to use this to screen patients for aerosol-transmissible diseases. This form is provided as an example of an efficient method of screening patients.