Patient Screening for Aerosol Transmissible Diseases (ATD) #20

In compliance with Cal-OSHA Title 8, Section 5199, dental facilities must pre-screen patients for aerosol transmissible diseases (ATD). Dental procedures <u>are not</u> performed on a patient suspected or identified as having ATD. In our office we use this Form to pre-screen a patient before any dental procedure is performed to determine whether the patient may present an ATD exposure risk.

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 ☐

Chronic Respiratory Diseases (NOT ATD and not considered infectious) do not disqualify a patient from treatment under California OSHA Title 8, Section 5199:

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 ☐