

**Callahan Dental**  
15225 Shady Grove Road, Suite 301  
Rockville, MD 20850  
(301)948-1212  
[info@cheryllallahandds.com](mailto:info@cheryllallahandds.com)

**COVID-19 Patient Questionnaire**

Patient Name: \_\_\_\_\_

- Have you been vaccinated? ( ) yes ( ) no
  
- Name of Vaccine: \_\_\_\_\_
  
- When? \_\_\_\_\_
  
- Have you traveled over the last 10 Days: ( ) yes ( ) no
  
- Where: \_\_\_\_\_
  
- Have you had any flu-like symptoms?  
Fever  
Cough  
Loss of taste or smell  
None of the above

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_