

# GREENLAKE FAMILY DENTISTRY

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Have you been vaccinated against COVID-19? \*  Yes  No

Have you, or anyone within your household, had symptoms of COVID-19 in the last 14 days? \*  Yes  No

Have you, or anyone within your household, been tested for COVID-19 or the antibodies? \*  Yes  No

If you or someone in your household have been tested, please explain the cause/reason for testing and the result of the test (positive, negative, undetermined?):

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Have you been out of the country within the last month? \*  Yes  No

Have you traveled via plane or train within the last 2 weeks? \*  Yes  No

Have you, or anyone within your household, been in close contact with anyone infected with COVID-19? \*  Yes  No

Have you been involved in any large crowd gatherings where social distancing was NOT possible? (Church, graduations, protests, rallies, concerts, etc.) \*

Yes  No

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