



DR. PAUL J. TIERNAN
O R A L
A N D
M A X I L L O F A C I A L
S U R G E R Y

30 DOCTORS PARK DRIVE
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DIPLOMATE OF THE
AMERICAN BOARD OF ORAL
AND MAXILLOFACIAL SURGERY

FELLOW OF THE AMERICAN
ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGERY

COVID-19 PATIENT EVALUATION

1. Have you traveled out of the county in the last month? _____
2. Have you had a fever in the last month? _____
3. Have you had a cold _____ cough _____ sore throat _____ runny
nose _____ in the last month?
4. Have you lost your sense of taste or smell?
5. Have you had diarrhea _____ vomiting _____ abdominal pain
_____ recently?
6. Have you been exposed to anyone with COVID? _____
7. Have you been exposed to COVID? _____
8. Have you tested positive for COVID? _____

Signature: _____ Date: _____



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Doctor Signature: _____ Date: _____

Temperature _____ (office use only)