

Covid-19 Patient Screening Form

Name: _____ Age: _____

PLEASE WEAR A MASK WHEN YOU PRESENT FOR YOUR APPOINTMENT

SCREENING QUESTIONS	Pre-Screen	In-Office
Please answer the following Qs in the Pre-Screen column:		
Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?	YES NO	YES NO
Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?	YES NO	YES NO
Do you have any of the following symptoms: <ul style="list-style-type: none"> • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease or loss of sense of taste or smell • Chills • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose/nasal congestion without other known cause 	YES NO	YES NO
Are you 70 years of age or older, experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	YES NO	YES NO

- **Any “yes” response must be reported to the office immediately at 519-524-6222.**
- **When arriving at the office, you will be asked to:**
 - Please come to the door and ring the bell to notify us of your arrival
 - Provide this form with the Pre-Screen column completed
 - Provide your signed Covid-19 Informed Consent Form
 - Wear a mask from home to enter the building
 - Answer the above questions again to complete the required “In-Office” screening
- **Please Note:**
 - To maintain effective social distancing, patients should present to their dental appointment **unaccompanied.** Only individuals requiring a caregiver or guardian should be accompanied into the dental office.