

Covid-19 Patient Screening Form

Name: _____

PLEASE READ ENTIRE SHEET AS OUR SCREENING QUESTIONS HAVE BEEN UPDATED

Please answer the following questions for the 2 WEEK PERIOD BEFORE YOUR APPOINTMENT and again for the MORNING OF YOUR APPOINTMENT:

	14 DAYS PRIOR	DAY OF APPT
Are you FULLY VACCINATED against Covid-19 (2 weeks since 2 nd dose)? If yes, skip next question. If no, please answer the question about travelling outside of Canada.	YES NO	YES NO
In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)? In the last 14 days, has someone in your household travelled outside of Canada AND been advised to quarantine?	YES NO YES NO	YES NO YES NO
Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.	YES NO	YES NO
In the last 10 days, have you OR someone in your household been identified as a "close contact" of someone who currently has COVID-19?	YES NO	YES NO
In the last 10 days, have you received a COVID Alert exposure notification on your cell phone (if you have the app)?	YES NO	YES NO
In the last 10 days, have you tested positive on a rapid antigen test or a homebased self-testing kit?	YES NO	YES NO
Do you have any of the following symptoms not related to existing conditions (asthma, COPD, allergies, etc.)? <ul style="list-style-type: none"> • Fever and/or chills • Cough or barking cough • Shortness of breath • Decrease or loss of smell or taste • For adults 18 years or older: Fatigue, lethargy, malaise and/or myalgias • For children younger than 18 years: Nausea, vomiting and/or diarrhea 	YES NO	YES NO
Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?	YES NO	YES NO

Any YES response must be reported to the office immediately by calling 519-524-6222

If you answered **YES** to any question above, you are **NOT** permitted to enter. You are advised to go home to self-isolate immediately and contact your health care provider or Telehealth Ontario (1-866-797- 0000).

When arriving at the office; please RING THE DOORBELL for entry and WAIT to be greeted.

Provide this form with **BOTH** columns completed and your signed Covid-19 Informed Consent Form.

Please **WEAR A MASK** when entering the building and while in the reception area.

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 office.