

Coronavirus COVID-19

Leaflet 2A: SCREENING FORM FOR PATIENTS /ACCOMPANYING PERSONS (D,H,A,T,DD,P)

Name of the person screened: _____	PRE-APPT.	CLINIC
Please indicate if the above name refers to the screening form for the patient or the accompanying person: <input type="checkbox"/> Patient <input type="checkbox"/> Accompanying person - Name of patient: _____	Date: _____	Date: _____
1-Have you tested positive for COVID-19 in the last 21 days or have you been told that you should be tested?	Yes No	Yes No
Do you have any of the following conditions:		
2-Fever (over 38 °C or 100.4 °F)	Yes No	Yes No
3-New cough or worsening chronic cough	Yes No	Yes No
4-Breathing difficulties (for example: shortness of breath, difficulty speaking)	Yes No	Yes No
5-Sudden loss of smell (with or without loss of taste)	Yes No	Yes No
6-Muscle pain, headache, intense fatigue or significant loss of appetite	Yes No	Yes No
7-Sore throat	Yes No	Yes No
8-Diarrhea	Yes No	Yes No
9-Do you have a health issue that might explain the symptoms described above? If so, specify: _____	Yes No Does not apply	Yes No Does not apply
10-Have you been in close contact (at least 15 minutes at less than 2 metres) with a confirmed or suspected case of COVID-19?^a	Yes No	Yes No
By printing your name as a signature, you agree to receive orthodontic care in the context of the Covid-19 pandemic. Signature of person who has completed the form (patient or office personnel): Signature pre-appt.: _____ Signature clinic: _____		
THIS SECTION IS RESERVED FOR DENTAL CLINIC PERSONNEL <ul style="list-style-type: none"> <i>If the patient has answered YES to at least one of the following conditions: SUSPECTED/CONFIRMED STATUS.</i> <ul style="list-style-type: none"> ✓ <i>YES to question 1</i> ✓ <i>YES to at least one of the questions from 2 to 5, without any other apparent cause (question 9)</i> ✓ <i>YES to at least one of the questions from 6 to 8, without any other apparent cause (question 9);</i> ✓ <i>YES to question 10.</i> <i>Any other answer: ASYMPTOMATIC STATUS.</i> <p>Check off the box of patient's COVID-19 status: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Suspected / Confirmed</p> <p>If the patient is considered a suspected/confirmed case of COVID-19, consult the dentist before making an appointment.</p>		

^a This condition excludes health workers who have cared for confirmed or suspected cases of COVID-19 wearing appropriate personal protective equipment.