

COVID 19 Patient Screening



Screening Questions:

1. Do you have a fever or have you felt hot or feverish any time in the last two weeks?
2. Do you have any of these symptoms? Dry cough? Shortness of breath? Difficulty Breathing? Sore throat? Runny nose? Sneezing? Post- nasal drip?
3. Have you experienced a recent loss of smell or taste?
4. Have you been in contact with any confirmed COVID-19 positive patients or people isolating because of a risk for COVID-19?
5. Have you returned from travel outside Canada in the last 14 days?
6. Have you returned from travel within Canada in the last 14 days from a location known to be affected with COVI-19?
7. Is your workplace considered high risk?
8. Are you over the age of 70?
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorder?

If yes to any questions 1-7 please call the office immediately

COVID 19 APPOINTMENT CONSENT FORM

WILL BE SIGNED IN THE OFFICE. PLEASE DO NOT PRINT AND BRING WITH YOU

ALLERGIES: _____

MEDICATIONS: _____

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, it is recommended to stay home and avoid close contact with other people when at all possible.

I understand the federal and provincial governments have asked individuals to maintain social distancing of at least 2 meters (6 feet) and I recognize it is not possible to maintain this distance while receiving dental treatment.

I understand that it is possible that oral surgery/dental procedures can create water and/or blood spray, which may be one way that the novel coronavirus can spread. The ultra fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in the dental office.

I confirm that I do NOT have any TWO OR MORE of the following symptoms of COVID-19; fever, new or worsening cough, sore throat, runny nose, flu like symptoms, shortness of breath or headache.

I confirm that I, nor anyone in my household, have not tested positive for COVID-19. Furthermore, we are not waiting on test results.

I confirm that this is not currently a waiting period where I, nor anyone in my household, are required to self-isolate for 14 days.

This information is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID19 Pandemic. I give consent for Valley Centre Dental Group to contact my insurance as needed and send electronic claims on my behalf.

If there have been changes to your address, or contact information please tell the reception team.