Coronavirus COVID-19

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

Name of person screened: _____ **Please indicate if the above name refers to the screening form for the patient or the accompanying person:** ☐ Patient ☐ Accompanying person – Name of patient: _____	**PRE-APPT.** **Date:**	**CLINIC** **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 (e.g., 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**

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

- *If the patient has answered YES to at least one of the following conditions: SUSPECTED/CONFIRMED STATUS.*
  - ✓ *YES to question 1*
  - ✓ *YES to at least one of the questions from 2 to 5, without any other apparent cause (question 9)*
  - ✓ *YES to at least two of the questions from 6 to 8, without any other apparent cause (question 9);*
  - ✓ *YES to question 10.*
- *Any other answer: ASYMPTOMATIC STATUS.*

Check off the box of patient's COVID-19 status: ☐ **Asymptomatic** ☐ **Suspected/Confirmed**

If the patient is considered a suspected/confirmed case of COVID-19, consult the dentist before making an appointment.

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