



foundation  
oral surgery

### COVID-19 screening questionnaire

This screening tool is designed to keep everybody safe during your surgical treatment

#### PLEASE answer all questions truthfully

1. Have you experienced any of the following symptoms within the last 14 days:
 

Fever (temp > 38.0)	[ ]	Yes	[ ]	No
Cough	[ ]	Yes	[ ]	No
Difficulty breathing	[ ]	Yes	[ ]	No
Runny nose	[ ]	Yes	[ ]	No
Sore throat	[ ]	Yes	[ ]	No
Loss of taste or smell	[ ]	Yes	[ ]	No
2. In the past 14 days have you been anywhere outside of Alberta, BC, or Saskatchewan? [ ] Yes [ ] No
3. In the past 14 days have you had "close contact" with anyone who is either 1) confirmed COVID-19 positive or 2) has symptoms (see above) AND has travelled outside of Canada in the last 14 days? [ ] Yes [ ] No
4. Have you ever tested positive for COVID-19, or are you waiting for the results of a laboratory test for COVID-19? [ ] Yes [ ] No
5. Do you work in a high risk\* workplace? [ ] Yes [ ] No  
\*examples include: long term care home, food processing facility, grocery store, correctional facility, emergency room, airline staff, etc

Comments on any "yes" answers:

I, \_\_\_\_\_ (name) attest that the above answers are true to the best of my knowledge as of \_\_\_\_\_ (today's date)

Temperature reading today (staff initial): \_\_\_\_\_



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### Pandemic consent form

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that dental procedures create water spray which is 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 coronavirus. \_\_\_\_\_ (Initial)

I understand that due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. \_\_\_\_\_ (Initial)

I understand there are increased risks to my health IF I am in a high-risk category, such as diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 65. \_\_\_\_\_ (Initial)

I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive dental treatment. \_\_\_\_\_ (Initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_