

COVID-19 screening questionnaire

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

Please answer all questions truthfully

1. Have you or anyone in your household experienced any of the following symptoms within the last 14 days:

Fever(temp over 38.0)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Running nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 or anyone in your household 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 being Yes No

4. Has anyone in your household ever tested positive for COVID-19, or are waiting for results of a lab test for COVID-19? Yes No

5. Do you or anyone in the household work in a high risk workplace? Yes No
 Yes No

Ex. Long term care home, food processing plant, hospitals, grocery store, correctional facility, hospitals.
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.)



I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which the carriers of the virus may not show symptoms and still be contagious. I understand that orthodontic procedures can create water spray which is one way that the corona virus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours which can transmit the coronavirus. _____ (INITIAL)

I understand that due to the frequency of visits of other orthodontic patients, the characteristics of the novel coronavirus, and the characteristics of ortho procedures, that I/my child have an elevated risk of contracting the disease simply by being in the orthodontic office. _____ (INITIAL)

I understand there are increased risks to my/my child's health if I/they are in a high risk category, such as diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, have an active malignancy, or over 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 orthodontic treatment. _____ (initials)

Signature: _____

Date: _____