

COVID PRE-SCREENING is mandatory to protect our patients and our staff.

Please complete this form and email it to your doctor 24 hours in advance of your appointment.

- drkadamani@orleansdentalcentre.ca;
- drkaufman@orleansdentalcentre.ca;
- drlewis@orleansdentalcentre.ca;
- drsotero@orleansdentalcentre.ca

If you prefer you can call the practice at **613-824-3888** and do the pre-screening by phone the day prior to your appointment. *(If you are appointed on a Monday, we will connect with you by phone on Sunday).*

PATIENT NAME: _____ Date of Birth: _____

Completed by: _____ Date Completed: _____

- Parent /Guardian Adult Child Caregiver

COVID PRE-SCREENING FORM

- YES NO Have you travelled outside of Canada in the past 14 days?
- YES NO Have you tested positive to COVID-19 or had close contact with a confirmed case of COVID-19 without wearing PPE?
- YES NO Do you have any of the following symptoms:
- Fever
 - New onset of cough
 - Worsening or chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decrease of loss sense of taste or smell
 - Chills
 - Headaches
 - Unexplained fatigue/malaise/muscle aches (Myalgia)
 - Nausea/ vomiting/ diarrhea, abdominal pain
 - Pink eye (conjunctivitis)
 - Runny nose/nasal congestion without other known cause,
- YES NO If you are 70 years of age or older, are you experiencing any of the following symptoms:
- delirium,
 - unexplained or increased number of falls,
 - acute functional decline
 - worsening of chronic conditions?

Thank you! Stay well.

Orleans Dental Centre