Durham KIDS DENTISTRY

COVID-19 Health Screening & Consent Form

Patient Name:_____ Birthdate: _____

In the interest of everyone's health and safety please complete the following COVID-19 screening questionnaire for your Child's visit to our office.

Have you, your child, or others accompanying you to today's appointment had contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days, or tested positive for, or been diagnosed with COVID-19?

☐ Yes ☐ No If yes, When? Date: _____

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

• A fever, or felt feverish (defined as above 38^{0C})?	☐ Yes	☐ No
• New onset of cough or worsening of existing cough?	☐ Yes	☐ No
• Shortness of Breath and/or Trouble Breathing?	☐ Yes	☐ No
• Sore throat or difficulty swallowing?	☐ Yes	☐ No
• Decrease or loss of sense or smell or taste?	☐ Yes	☐ No
• Headaches?	☐ Yes	☐ No
• Chills?	☐ Yes	☐ No
• Unexplained fatigue/malaise/muscle aches (myalgias)	☐ Yes	☐ No
• Nausea/vomiting, diarrhea, abdominal pain?	☐ Yes	☐ No
• Pink eye (conjunctivitis)?	☐ Yes	☐ No
• Discolouration of Toes and Fingers?	☐ Yes	☐ No
• Runny nose/nasal congestion without another known cause?	☐ Yes	☐ No

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's appointment. If you or your child start feeling ill with the symptoms of COVID-19 within 14 days of this appointment, please call this office immediately.

Thank you for your continued trust in our practice. Please be assured that, as a matter of routine office protocol, the Dr. Zaretsky and the staff of Durham Kids Dentistry have always and continue to strictly adhere to provincial municipal public health and Royal College and Dental Surgeons of Ontario regulations and guidelines relating to infection control protocols established for limiting transmission risk of all potentially communicable diseases in our dental clinic. These measures included wearing a mask or face covering while in our office, washing hands frequently with soap and water or alcohol based hand rub., social distancing. However due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, staff and/or other patients or wear a mask or face covering at all times.

Although exposure is unlikely, do you accept this risk and consent to treatment? ☐ Yes ☐ No

_____ _____

Patient/Parent's Signature Date