SCARBOROUGH DENTALCARE

COVID-19 SCREENING

If you answer YES to any of the below (except the first question),

please call our office immediately to discuss.

Q1: Have you been vaccinated for COVID-19? Did you receive your final (or second) vaccination dose more than 14 days ago?

- 1st Shot Date:
- 2nd Shot Date:

Q2: Do you have any of the following symptoms:

- Fever and/or chills
- New onset of cough / Worsening chronic cough
- Shortness of breath / Difficulty breathing
- Decrease or loss of taste or smell
- Adults (18+): Unexplained fatigue / Lethargy/ Malaise / Muscle aches
- Children (under 18): Nausea / Vomiting / Diarrhea

Q3: Have you tested positive for COVID-19 in the past 10 days or have you been told you should be isolating?

Only answer Q4 and Q5 if you are not fully immunized.

Q4: Have you travelled outside of Canada in the past 14 days?

Q5: Do you have a confirmed case of COVID-19 *within the past 20 days*, or had close contact with a confirmed case of COVID-19 within the past 20 days without wearing appropriate PPE?