

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

All dental office staff must confirm their absence of symptoms and have temperature taken each day.

If symptoms are present, further investigation is needed by the managing dentist\*

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

Name:	Signature:
<ul style="list-style-type: none"> <li>• Fever &gt; 38° C                    YES    NO</li> <li>• Cough                                    YES    NO</li> <li>• Sore Throat                            YES    NO</li> <li>• Shortness of breath                YES    NO</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty breathing                YES    NO</li> <li>• Flu-like symptoms                    YES    NO</li> <li>• Runny nose                             YES    NO</li> </ul>

\* Provincial regulations may require use of a provincial form and protocol. How “yes” answers are handled may be dictated by provincial regulation and may change with the public health alert level of the pandemic. A cautious approach is recommended.