

Welcome to Dr. Michael Handler Dentistry

COVID-19 Pre-Screening Form

Prior to treatment, we require the following information. All information is strictly confidential. Please print.

Last Name: _____

First Name: _____

Contact Phone Number: _____

E-Mail: _____

Have you received your final (or second) COVID-19 vaccination dose more than 14 days ago?

Yes No

Have you had any close contact with anyone with acute respiratory illness, or travelled outside of Ontario in the past 14 days?

Yes No

Do you have a confirmed case of COVID-19 or have had close contact with a confirmed case of COVID-19?

Yes No

Do you have any of the following symptoms: Fever, New onset of cough, Worsening chronic cough, Shortness of breath, Difficulty breathing, Sore throat, Difficulty Swallowing, Decreased or loss of sense of taste or smell, Chills, Headaches, Unexplained fatigue/malaise/muscle aches (myalgias), Nausea/Vomiting/Diarrhea/Abdominal Pain, Pink eye (conjunctivitis), Runny nose/ nasal congestion with or without other known cause?

Yes No

If you are 70 years or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

Yes No

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible.

I understand the federal and provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (six (6) feet) and I recognize it is not possible to maintain this distance while receiving dental treatment.

I understand that oral surgery/dental procedures can create water and/or blood spray, which is one way that the novel coronavirus can spread. I understand that the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in the dental office.

I confirm that I am not waiting for the results of a test for COVID-19.

I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days. Please sign here if you have understood and confirmed all previous points

Signature: _____

Date: _____