

Please answer the following questions, date and sign it and email back to our office KennedySquareDental@gmail.com. Our receptionist will go over these questions with you again before your appointment.
Thanks

Dispatch question for Long-Term Care or Retirement Home*

Q1: Do you have a concern for a potential COVID-19 infection for the person?

* This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.

Regular Screening Questions

Q2: Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

Q3: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Q4: Does the person have any of the following symptoms:

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease 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 without other known cause

Q5: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

Date: DD/MM/YYYY

Signature: