COVID-19 : PATIENT / ATTENDANT SCREENING

In order to protect your health and safety as well as that of staff members and other patients during this exceptional period caused by COVID-19, the following persons must have completed this form **before** coming to the appointment :

- The patient ;
- The attendant, *i.e.* the parent, the legal guardian or the person accompanying the patient.

Depending on the procedures specific to your clinic, this form can be completed :

- On the phone with the secretary ;
- By email (on your computer, tablet or smartphone iPhone / Android).

Please use Acrobat Reader (macOS / Windows) or Acrobat (iOS / Android). Using other apps may not work properly.

DO NOT FILL IN ANYTHING LOCATED IN A GREY AREA UNLESS TOLD OTHERWISE.

Surname ______________________ F. name ______________________

If you are the attendant, fill in the full name of the patient below :

Surname ______________________ F. name ______________________

		BEFORE THE APPOINTMENT		AFTER ARRIVAL AT THE CLINIC	
		Date D/M/Y :		Date D/M/Y :	
		YES	NO	YES	NO
1.	Are you currently in self-isolation after testing positive for COVID-19 ?	☐	☐	☐	☐
2.	Have you received a recommendation for a screening test, or are you awaiting a screening test result ?	☐	☐	☐	☐
3.	Have you been instructed to place yourself in preventive self-isolation, for example after returning from a trip or being in contact with a confirmed case of COVID-19 ?	☐	☐	☐	☐
4.	If **YES** to questions 1, 2 or 3, are you considered as "recovered" by Public Health (i.e. after 14 days of self-isolation + 48 hours without fever or symptoms or negative screening test after 14 days) ?	☐	☐	☐	☐
Do you have the following conditions :					
5.	Fever, chills, cold sweats like during a flu (over 38 °C or 100.4 °F) ? *Température prise à l'arrivée à la clinique (à 2-3 mm du front / cou) :* °C	☐	☐	☐	☐
6.	Recent cough or chronic cough that has gotten worse ?	☐	☐	☐	☐
7.	Difficulty breathing, shortness of breath, difficulty speaking) ?	☐	☐	☐	☐
8.	Sudden loss of smell, taste or both ?	☐	☐	☐	☐
9.	Headache ?	☐	☐	☐	☐
10.	Intense fatigue ?	☐	☐	☐	☐
11.	Muscle pain unrelated to physical effort / exercise ?	☐	☐	☐	☐
12.	Sore throat ?	☐	☐	☐	☐
13.	Runny nose, nasal congestion ?	☐	☐	☐	☐
14.	Severe loss of appetite ?	☐	☐	☐	☐
15.	Nausea, vomiting ?	☐	☐	☐	☐
16.	Stomach pain, sore belly ?	☐	☐	☐	☐
17.	Diarrhea ?	☐	☐	☐	☐
18.	Do you have a known health condition that can explain the symptoms reported above? If **YES**, specify :	☐	☐	☐	☐

The person who completed the form must sign the form :

Need help to sign the form? Refer to your clinic or follow the instructions of the app available in-app or online.

Patient ☐ Attendant ☐

I, the undersigned, solemnly declare that the answers contained in the form above are true

Signature before the appointment ______________________ Signature after arrival at the clinic ______________________

Membre du personnel de la clinique ☐ ***N.B. Le membre du personnel qui signe doit écrire son prénom à côté de la signature.***

Posez la question suivante au patient ou à l'accompagnant : OUI ☐ OUI ☐

« *Do you* ***solemnly*** *declare that the answers that you gave are true ?* » NON ☐ NON ☐

Prénom de l'empl. ______ Signature avant le rendez-vous ______ Signature à l'arrivée à la clinique ______ Prénom de l'empl. ______

SECTION RESERVED FOR THE CLINIC

1. **TOUS ÂGE : OUI** à la question 1, 2 ou 3 → Statut COVID-19 est SUSPECTÉ / CONFIRMÉ ;
2. **5 ANS – : OUI** aux questions [5 et 6 ou 7] ***ou*** [5 et 12 ou13] ***ou*** [5 et 15 ou 16 ou 17] ET **NON** à la question 18 → Statut COVID-19 est SUSPECTÉ / CONFIRMÉ ;
3. **6 ANS + : OUI** à au moins ***une*** des questions 5 à 17 ET **NON** à la question 18 → Statut COVID-19 est SUSPECTÉ / CONFIRMÉ ;
4. **TOUT ÂGE : OUI** à la question 4 ***ou*** toute autre réponse → Statut est NON À RISQUE / RÉTABLI ;

Cochez la case correspondant au statut COVID-19 du patient : Non à risque / Rétabli ☐ Suspecté / Confirmé ☐

Si le patient est considéré comme suspecté/confirmé COVID-19, consultez le dentiste avant d'attribuer un rendez-vous.

Le masculin est utilisé dans le présent document afin d'alléger le texte et n'est d'aucune manière utilisé à des fins discriminatoires.