

Absolute Dentistry COVID-19 Pre-screening

1. Do you have a fever or felt feverish in the last 10 days?
2. Do you have any of the following symptoms: new cough or worsening cough? Shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Flu like symptoms? Runny nose?
3. Recent loss of smell or taste?
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self isolating because of a determined risk for COVID-19? (healthcare workers who have worn appropriate PPE may answer NO)
5. Have you returned from travel outside of Canada in the last 14 days?
6. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days?
7. Is your workplace considered high risk? (eg. Routine close contact with many people) (healthcare workers who have worn appropriate PPE may answer NO)

If you have answered yes to any of the above questions, please call the office to discuss your next steps before your dental visit.