



# Dental Office Staff Return to Work Screening Form

Each employee/dentist at the office must complete this form upon return to work.

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| Name  | Signature | Date  |

### Risk Assessment Screening Questions

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|--|-----|----|
| 1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, runny nose, loss of smell or taste, sneezing and/or diarrhea? | YES | NO |
| 2. Have you returned to Canada from outside the country (including USA) in the past 14 days?   | YES | NO |

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

|  |     |    |
|--|-----|----|
| 3. Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?  | YES | NO |
| 4. Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19? | YES | NO |
| 5. Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?                              | YES | NO |
| 6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?  | YES | NO |

Source: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-protocols.pdf>

If you answer "NO" to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

If you answer "YES" to any of the above, you are not permitted to attend work at this time and you must self-isolate and contact a medical office to determine if you require COVID-19 testing.

The dental office is collecting the above information for the purposes of supporting the safety of the dental office for staff and patients. This information is collected under the authority of the *Personal Information Protection Act* and applicable public health and occupational health and safety laws.

\* Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.

\*\* Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.