



Dental Office Staff Daily Screening Form

Date: _____

All dental office staff must confirm their absence of symptoms and have temperature taken each day. If symptoms are present, further investigation is needed by the managing dentist*

Name:			Signature:		
• Fever > 38° C	YES	NO	• Difficulty breathing	YES	NO
• Cough	YES	NO	• Flu-like symptoms	YES	NO
• Sore Throat	YES	NO	• Runny nose	YES	NO
• Shortness of breath	YES	NO			

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• Shortness of breath	YES	NO			

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* Provincial regulations may require use of a provincial form and protocol. How “yes” answers are handled may be dictated by provincial regulation and may change with the public health alert level of the pandemic. A cautious approach is recommended.