

PATIENT SCREENING FORM

Use this form to screen patients before their appointment

Staff screener: _____

Patient Name: _____ Date of screening: _____

Have the patient answer the following questions.

Screening Questions	Patient Answer	
Q1. Are you immunocompromised and/or live in a highest-risk congregate care setting? ¹	YES <input type="radio"/>	NO <input type="radio"/>
Q2: Do you have any of these symptoms? Choose any or all that are new, worsening and not related to other known causes or conditions. ² <ul style="list-style-type: none"> • Fever and/or chills • Cough or barking cough • Shortness of breath • Decrease or loss of taste or smell • Muscle aches/joint pain • Extreme tiredness • Sore throat • Runny or stuffy/congested nose • Headache • Nausea, vomiting and/or diarrhea • Abdominal pain • Pink eye 	YES <input type="radio"/>	NO <input type="radio"/>
Q3: Have you been told (by a doctor, health care provider, public health unit, federal border agent, or other government authority) that you should currently be quarantining, isolating or staying at home?	YES <input type="radio"/>	NO <input type="radio"/>
Q4: In the last 10 days, have you tested positive for COVID-19 on a laboratory-based PCR test, rapid molecular test, rapid antigen test or other home-based self-testing kit?	YES <input type="radio"/>	NO <input type="radio"/>

Any “YES” response (other than Q1) must be discussed with the managing dentist immediately. Symptomatic patients OR those with a positive COVID-19 test must only be seen in-person for urgent or emergent care: Non-urgent or non-emergent care must be deferred.

Based on results:

Immunocompromised individuals that have symptoms of COVID-19 or test positive for COVID-19 should stay home (self-isolate) for **10 days** and until:

- symptoms have been improving for at least 24 hours (or 48 hours if you had nausea, vomiting and/or diarrhea) **and**
- there’s no fever **and**
- you do not develop any additional symptoms.

Non-immunocompromised individuals that have symptoms of COVID-19 or test positive for COVID-19 should stay home (self-isolate) until symptoms have been improving for **at least 24 hours** (or 48 hours if you had nausea, vomiting and/or diarrhea) **and**

- there’s no fever **and**
- you do not develop any additional symptoms.

¹ Factors such as old age, diabetes and end-stage renal disease are generally not considered immunocompromised. Examples of being immunocompromised include individuals:

- undergoing cancer chemotherapy
- with untreated HIV infection with CD4 T lymphocyte count less than 200
- with combined primary immunodeficiency disorder
- on prednisone medication – more than 20 mg per day (or equivalent) for more than 14 days
- on other immune suppressive medications.

Highest-risk congregate care setting include, for example, long-term care home, retirement home, employer-provided living setting for International Agriculture Workers, hospital school, Education and Community Partnership Program.

² Select “No” if all of these apply:

- you do not have a fever, **and**
- your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

[Screening form questions based on the Ministry of Health Self-Assessment Screening Tool](#)