Brookswood Denture Clinic Ltd.
DENTURE AND IMPLANT SOLUTIONS

COVID Screening and Consent Form

Name: _____

1. I confirm that I am NOT presenting any of the following symptoms of COVID-19 identified by BC Ministry of Health: Fever > 38°C, Cough, Sore Throat, Shortness of breath, Chills, Altered or loss of taste/smell, or Flu-like symptoms. Yes or No

2. Have you previously been diagnosed with Covid-19 or do you think you've had/have Covid-19? Yes or No

3. If you were confirmed positive for Covid-19 what was the date? _____

   When were you confirmed negative and by whom? _____

4. Are you waiting for the results of a laboratory test for the coronavirus? Yes or No

5. Have you been in contact with anyone who has been sick or confirmed to be Covid-19 positive? Yes or No

6. In the past 21 days have you traveled outside of Canada, including the United States? This includes by car, air, bus or train. Where have you travelled?_____ Yes or No

7. I understand that any travel from any country outside of Canada (including travel by car, air, bus or train) requires me to self-isolate for 14 days from the date I entered back into Canada. Yes or No

8. Have you attended any functions in the last 21 days? _____

9. Who are the people that live with you? _____

10. Do you have respiratory or an autoimmune disorder? Yes or No

11. I understand I may be seeing my denturist several times to complete denture treatment and it is not possible to maintain social distancing of at 2 metres (6 feet). Yes or No

12. I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have treatment at Brookswood Denture Clinic. This consent form will apply to each appointment I need to complete treatment.

_____ _____

SIGNATURE DATE