Dr. Alexandria Meriano BSc,DDS,MS,FRCD(C).

COVID SCREENING FORM

Thank you for taking the time to fill out this form.
Please either email it to mail@drmeriano.com, fax to (519) 977-1629 or bring it with you to your appointment. Please make sure we have up to date contact information for you: cell phone numbers and email addresses.

Patient Name: _____ Patient age: _____

Who answered: ___ Patient ___ Other (specify) _____ **Name:**_____

SCREENING QUESTIONS:

1. Have you or your child had close contact with anyone with acute respiratory Illness or travelled outside of Ontario in the past 14 days?

YES or NO

2. Do you or your child have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19

YES or NO

3. Do you or your child have any of the following symptoms: • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease or loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain Pink eye (conjunctivitis) • Runny nose/nasal congestion without other known cause OR been in close or prolonged contact with someone that has?

YES or NO

• Any “yes” response must be discussed with Dr. Meriano or a staff member prior to attending the office. Please call (519)977-0325 if you have any questions or you have responded yes to any of the above questions.

When you arrive at the office, you and your child will be asked to: 1. Sanitize your hands. 2. Answer the questions again. 3. Possibly have your and your child’s temperature taken.

• To abide by social distancing guidelines 1. Only 1 adult can accompany your child. No other children are permitted to the appointment. Patients only. 2. If possible, wait in your car when you arrive to the appointment, call the office and we will advise when you can come up. 3. If possible, wear a mask to the appointment.

By signing this form, I agree to have dental treatment rendered for my child during the COVID-19 pandemic.

Signed:_____ Date:_____