



**PORTLAND
COMMUNITY
DENTAL
CLINIC**

Date: _____

12 East Hastings St., Vancouver, B.C. V6A 1N1
778-371-0060 | pcdc@phs.ca

Patient COVID-19 Online Pre-Screening Form

Name			
Care Card No. / PHN		Date of birth	

Do you have a fever or have felt hot or feverish at any time in the last two weeks?	YES / NO
Do you have any of these symptoms: cough, fatigue, nausea, loss of appetite, shortness of breath, difficulty breathing, sore throat/post-nasal drip, runny nose, sneezing or muscle aches?	YES / NO
Have you experienced a recent loss of smell or taste?	YES / NO
Have you been in contact with any confirmed COVID-19-positive patients or anyone self-isolating because of a determined risk for COVID-19?	YES / NO
Have you returned from travel outside of Canada in the last 14 days?	YES / NO
Have you returned from travel within Canada from a location known affected with COVID-19?	YES / NO
Is your workplace/residence considered high risk?	YES / NO
Are you over the age of 70?	YES / NO
Do you have any of the following: heart disease, lung disease, kidney disease, diabetes or auto-immune disorder?	YES / NO
Have you been instructed to self-isolate in accordance with public health directives?	YES / NO
* OPTIONAL * Have you received a COVID-19 vaccination?	YES / NO

Please give a brief description of any "yes" responses:

Please arrive for your appointment alone if possible, or make prior arrangements with us if someone is to accompany you. Please arrive at the exact scheduled time for your appointment, and wait at the front door. You will have your temperature taken and be asked to sanitize or wash your hands. Masks will be available if you are not already wearing one. You will then complete an in-office screening and acknowledgement form. Please bring reading glasses or an interpreter if needed.