

Please download the Covid-19 Screening Questionnaire and remember to bring it and your vaccination certificate with you.

Thank you for taking the time to assist us in keeping Jetty Road Dental Clinic free of Covid-19

1. Have you been fully vaccinated against the Covid-19 virus ? YES NO

OFFICE USE ONLY : Evidence sighted Evidence recorded

2. In the past two weeks, have you suffered any of the following ?

- Fever or high temperature
 - Sore throat, cough, or shortness of breath
 - Runny nose, nasal congestion, or any other respiratory symptoms
 - Loss of smell or taste
- YES NO

3. In the past two weeks, have you or a person with whom you have had close contact, been required to quarantine or isolate as a Covid-19 precaution ?

YES NO

4. Are you or a person with whom you have had close contact :

- Employed in a medi-hotel used for quarantine
 - Employed in an aged or residential care facility
 - Employed in a health care facility
 - Employed in international border control
- YES NO

5. In the past two weeks, have you or a person with whom you have had close contact returned from interstate or overseas ?

YES NO

If you answered YES to any of questions 2 - 5, we ask that you inform our staff immediately, so that your care can be managed appropriately.

Patient Name Patient signature Date

By providing this information, we thank you for assisting us not only in your care, but for your care and consideration of those around you.