

Dental Office Staff Daily Screening Form

Date:			

All dental office staff must confirm their absence of symptoms and have temperature taken each day. If symptoms are present, further investigation is needed by the managing dentist.

Name:			Signature:							
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO					
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	Runny nose	YES	NO	PM Temperature				
Shortness of breath	YES	NO				TW Temperature				
Name: Signature:										
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO	ANA Tamanamatuma				
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	Runny nose	YES	NO	PM Temperature				
Shortness of breath	YES	NO								
Name:			Signature:							
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO					
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	Runny nose	YES	NO					
Shortness of breath	YES	NO	,			PM Temperature				
			1							
Name:			Signature:							
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO					
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	Runny nose	YES	NO	PM Temperature				
Shortness of breath	YES	NO				TWITEINPERACTIC				
Name:			Signature:							
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO	AM Temperature				
Cough	YES	NO	Flu-like symptoms	YES	NO	Aivi Temperature				
Sore throat	YES	NO	Runny nose	YES	NO	PM Temperature				
Shortness of breath	YES	NO								
Name:			Signature:							
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO					
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	• Runny nose	YES	NO					
Shortness of breath	YES	NO	,			PM Temperature				
			1			1				
Name: Signature:										
• Fever > 38° C	YES	NO	Difficulty breathing	YES	NO					
Cough	YES	NO	Flu-like symptoms	YES	NO	AM Temperature				
Sore throat	YES	NO	Runny nose	YES	NO	PM Temperature				
Shortness of breath	YES	NO				TWITEINPERATURE				