

# FREE DENTISTRY IS AVAILABLE FOR YOUR YOUNG ADULT

You may not be aware that all young adults are eligible for FREE dental care from Year 9 until their 18<sup>th</sup> Birthday.

In order to make your life a little bit easier we will be visiting Rototuna Junior/Senior High in Term 3 to see the students for their routine check-up. Please sign the below permission slip for your child to be seen on the mobile dental unit at your school and return to the school administration ASAP.

Name of Child \_\_\_\_\_

DOB \_\_\_\_\_ Parents Name and Mobile \_\_\_\_\_

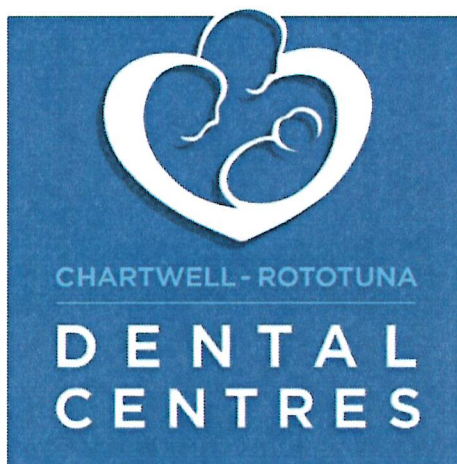
I give consent to my child being seen by Chartwell/Rototuna Dental Centre on-board the mobile dental unit located at RJHS/RSJS for their annual examination. Yes/No

I understand that if any dental fillings or further treatment is needed another consent form will be sent home prior to their next appointment or we may call you if treatment is urgent. Yes/No

Is your child registered for free dental care elsewhere? Yes/No

If Yes do you want your child to be seen at the school or stay with their current dentist?

As bonus for your child they will receive a movie ticket once treatment is  
complete on the mobile dental unit



## Private & Confidential - New Zealand

Bupa Dental Corporation Practice – Patient/Visitor Health Declaration Form for coronavirus disease 2019 (COVID-19)

DENTAL  
CORPORATION



**Note to Bupa Staff:** This form is updated regularly – Please print out on the day of use to ensure all affected countries are represented. This form should be scanned into the patient file. For visitors who are not patients of the practice, forms should be scanned and saved into a secure location. All hard copy forms must be shredded or disposed in confidential waste.

In line with the advice of government health authorities and to prevent the spread of coronavirus disease 2019 (COVID-19), we are asking **all patients and visitors** to complete this Health Declaration Form as a condition of entry to our practices, to implement necessary safety measures to prevent infections.

Apologies for any delay this may cause you and thank you in advance for your cooperation.

Name		
Business/Company	CHARTWELL/ROTOTUNA DENTAL CENTRE	
Person you are visiting		
Date		
Phone number		
Email Address		
<b>COVID-19 epidemiological questions</b>		
Do you have a confirmed diagnosis of COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you waiting for a COVID-19 test or the result, or considered a probable case, or have been asked to self-isolate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had close contact with other people in the last 14 days who are probable or confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Acute respiratory infection symptoms</b>		
Do you have new or worsening symptoms of acute respiratory infection with at least one of the following? <ul style="list-style-type: none"> <li>Cough</li> <li>Sore throat</li> <li>Shortness of breath</li> <li>Runny nose, sneezing, post-nasal drip (coryza)</li> <li>Loss of smell (anosmia)</li> </ul> With or without fever.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Overseas travel and close contacts</b>		
Have you travelled overseas in the last 14 days and been required to quarantine since arrival in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had direct contact with someone in the last 14 days who has travelled overseas and been required to quarantine since their arrival in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work on an international aircraft or shipping vessel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work or have you recently worked at an international airport or maritime port in areas/conveniences visited by international arrivals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you work or have you recently worked in customs, immigration, or at a managed quarantine/isolation facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a household member or a community contact of aircrew?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Less Frequent Symptoms</b>		
Do you have less typical symptoms such as: <ul style="list-style-type: none"> <li>Fever only</li> <li>Diarrhoea</li> <li>Headache</li> <li>Myalgia</li> <li>Nausea/vomiting, or</li> <li>The person seemed confused or having difficulty answering the questions where there is no other likely diagnosis</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	