

COVID-19 Pandemic Dental Treatment Consent Form

Patient Name: _____

I understand that dental procedures create water and/or blood spray which is one way that the novel coronavirus can spread, and that due to the frequency of visits and other dental patients I have an elevated risk of contracting the novel coronavirus simply by being in a dental office.

Have you experienced any of the following symptoms in the last 14 days?

SYMPTOMS

Fever >38 C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat or painful swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu-like symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Due to Covid-19 there are categories of people who are considered high risk such as: **65 years of age or older, heart disease, lung disease, Asthma, kidney disease, diabetes, or any auto-immune disorders.**

Do you fall into any of the high-risk categories? Yes No

If yes, which category?

- I confirm that to my knowledge I am not currently positive for the Novel Coronavirus.
- I confirm that I am not waiting for the results of a laboratory test for the Novel Coronavirus.
- I verify that I have not returned from travel outside of the country in the last 14 days.
- I verify that I have not been identified as a close contact of someone who has tested positive for the Novel Coronavirus or been asked to self-isolate by Alberta Health, the communicable Disease Control, or any other government agency.

OR

- I verify that I am a healthcare worker who has worn appropriate PPE.

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

Signature

Date