

COVID-19 Pandemic Consent Form

Please read the patient acknowledgement below and initial or sign in all areas indicated. Please bring signed form at time of your dental appointment.

I understand the Federal and Provincial authorities have asked individuals to maintain social distancing of at least two (2) meters (six (6) feet) and I recognize it is **not possible to maintain this distance while receiving dental treatment.** _____(initial)

I understand that oral/dental procedures create water spray and/or blood spray, which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____(initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by Ontario Health Services

- Fever > 38°C _____(initial)
- New or Worsening Cough _____(initial)
- Sore Throat _____(initial)
- Shortness of Breath _____(initial)
- Flu-like symptoms _____(initial)
- Headache _____(initial)
- Loss of sense of taste or smell _____(initial)

If I received COVID-19 test results in the past three (3) months, the last results I received were negative. _____(initial) If applicable, approximate date of test: _____

I confirm that I am not waiting for the results of a test for COVID-19. _____(initial)

I confirm that this is not currently a period during which public health authorities required I self-isolate for 14 days. _____(initial)

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

SIGNATURE OF PATIENT

Printed Name _____ Date _____