

COVID -19 PANDEMIC DENTURE TREATMENT CONSENT FORM

Date: _____

I understand that the novel coronavirus causes the disease known as COVID-19. I understand this virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

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

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of the dental procedures, that I have an elevated risk of contracting COVID-19 simply by being in a dental office. _____ (initial)

I confirm that I am **NOT** presenting any of the following symptoms of COVID-19 identified by Alberta Health Services:

Fever > 38°C _____ (initial)

Cough _____ (initial)

Sore Throat _____ (initial)

Shortness of breath _____ (initial)

Flu-like symptoms _____ (initial)

I confirm that I am **NOT** currently positive for COVID-19. _____ (initial)

I confirm that I am **NOT** waiting for the results of COVID-19 testing. _____ (initial)

I confirm that I **have NOT** returned to Alberta from travel in the past 14 days. _____ (initial)

I verify that I have **NOT been in contact** with anyone who is waiting for test results or diagnosed as positive for the COVID-19 virus. _____ (initial)

I understand and accept the guidelines and Disease Control requirements of physical distancing and recommended face coverings when needed. _____ (initial)

I verify the information that I have provided on this form is truthful and accurate. I knowingly and willingly consent to have my denture/s serviced and accept the risks associated with any dental procedures during the COVID-19 pandemic.

CLIENT SIGNATURE: _____

Printed Name _____

