COVID-19 Pandemic Dental Treatment Consent Form

Patients without a signed form will not be seen. Minors must have form signed by parent day of appointment and bring with them on the day of the appointment. Temp at arrival:

Patient name: _____ Legal Guardian Name if under 18: _____

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

I understand that due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus 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)
- Sore throat ____ (Initial)
- Difficulty Breathing ____ (Initial)
- Flu-like symptoms ____ (Initial)
- New or worsening chronic cough ____ (Initial)
- Painful swallowing ____ (Initial)
- New or worsening shortness of breath ____ (Initial)
- Runny Nose ____ (Initial)

I confirm that I know that there are categories of people who are considered to be high risk. I understand the high-risk category factors are being 65 years of age or older, heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder. ____ (Initial)
or
I fall into the following high-risk category (_____) and I agree to proceed with treatment. ____ (Initial)

I confirm that to my knowledge I am not currently positive for the novel coronavirus. ____ (Initial)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus. ____ (Initial)

I verify that I have not returned to Alberta from any country outside of Canada whether by car, air, bus or train in the past 14 days. ____ (Initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Alberta Health Services require self-isolation for 14 days from the date a person has returned to Canada. ____ (Initial)

I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive dental treatment. ____ (Initial)

I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Alberta Health, the Communicable Disease Control or any other health agency. ____ (Initial)
or
I verify that I am a healthcare worker who has worn appropriate PPE. ____ (Initial)

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. ____ (Initial)

Patient or Legal Guardian Signature:_____ Date:_____

Screening Staff Name: _____ Screening Staff Signature: _____