COVID-19 PANDEMIC PATIENT CONSENT FORM

Patient Name: ______________________

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 dental procedures create water 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 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 COVOID-19 identified by Provincial Health Services:

1) I do not have any of the following symptoms:

New onset or worsening cough (Initial) ______
difficulty breathing (Initial) ______
chills (Initial) ______
fatigue (Initial) ______
sore throat (Initial) ______
runny or stuffy nose or sneezing (Initial)______
lost of sense of taste or smell (Initial) ______
hoarse voice (Initial) ______
headache (Initial) ______
difficulty swallowing (Initial) ______
digestive issues (nausea/vomiting, diarrhea, stomach pain (Initial) ______
for young children sluggishness or loss of appetite (Parent's Initial) ______

2) Have you travelled outside of Canada, or had close contact with someone who has travelled in the last 14 days? YES _____ NO _____

3) Do you have a fever (greater than 38 C or 100.4 F)? YES_____ No ______

4) Have you had close contact with anyone with respiratory illness, or a confirmed or probable case of COVID-19? YES _____ NO _____

5) If yes, did you wear the proper N95 mask, goggles or gowns when in contact with a COVID-19 positive person? YES _____ NO _____

I confirm that I am not currently positive for the novel coronavirus. (Initial) ______

I confirm that if I received a COVID-19 test within the last three months, the last results I received were negative (Initial) ________ (if applicable). Date of last test ___________

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 the province 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. Provincial Health Services require self-isolation for 14 days from the date a person has returned to Canada.
(Initial)_____

I understand that Provincial Health Services has asked individuals to maintain social 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 and am currently in that 14 day isolation period by Provincial Health, the Communicable Disease Control or any other governmental health agency. (Initial)______

I verify that the information I have provided on this form is truthful and accurate. I know that by under reporting my symptoms, I would be knowingly jeopardizing the health of the staff in this office and the other patients around me. I knowingly and willingly consent to the recommended dental treatment during the COVID-19 pandemic.

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Signature of Patient

____

Printed Name

____

Date