

## COVID-19 Pandemic Patient Consent Form



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.

I understand that due to the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I may have an elevated risk of contracting the novel coronavirus.

I confirm that I am **not** presenting with any of the following symptoms of COVID-19 identified by **Provincial** Health Services: I confirm that I am not currently positive for the novel coronavirus and/or I am not waiting for the results of a laboratory test for the novel coronavirus

Fever, New Onset of Cough, Worsening Cough, Shortness of Breath, Sore Throat, Difficulty Breathing or Swallowing, Decreased or loss of taste or smell, chills, headaches, fatigue, muscle aches, nausea, vomiting, diarrhea, abdominal pain, pink eye, runny nose, nasal congestion

If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions

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

I verify that I have not been identified as a contact of, or been in close contact with, someone who has tested positive for novel coronavirus or been asked to self-isolate by **Provincial** Health, the Communicable Disease Control or any other governmental health agency.

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

SIGNATURE OF PATIENT

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Printed Name

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Date