

COVID-19 Patient Consent Form

Name: _____

I am not currently positive for Covid-19 nor am I waiting for laboratory results from a Covid-19 test. As well, I have not been in contact with someone who has tested positive, or been recommended to self-isolate by a health authority. I have not travelled to any country outside of Canada or to Ontario and/or Quebec in the last 14 days.

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

- Fever > 38°C
- A new cough or worsening chronic cough
- Sore throat or painful swallowing
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

I understand Covid-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that dental procedures can create aerosols which is one way that the novel coronavirus can spread. 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.

I understand there are categories of people who are considered to be high risk. Individuals that are 65 years of age or older, heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder are at an increased risk.

Finally, I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 metres and it's not possible in a dental setting to maintain this distance and receive treatment.

I verify and confirm that none of the above information applies and understand the risk if I fall into a higher risk category. I knowingly and willingly consent to any and all dental treatment today during the COVID-19 pandemic.

Signature: _____

Printed Name: _____ Date: _____