

# COVID-19 Pandemic Dental Treatment Consent Form

Patient name: \_\_\_\_\_ Temp: \_\_\_\_\_

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 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.

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 that Saskatchewan 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 confirm that I am not presenting any of the following symptoms of COVID-19 identified by Saskatchewan 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 the novel coronavirus or waiting for the results of a laboratory test for the novel coronavirus. \_\_\_\_\_ (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 Saskatchewan Health, the Communicable Disease Control or any other governmental health agency. \_\_\_\_\_ (Initial)

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

Signed by Circle Dr & 8<sup>th</sup> Staff Member : \_\_\_\_\_

on behalf of patient \_\_\_\_\_ Date: \_\_\_\_\_