

COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.
Print Name

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms but will still be highly contagious. It is not always possible to determine who has it and who does not given the current limits in virus testing.

Dental procedures create water spray which is one of the ways the disease may spread. The ultra-fine nature of the spray can linger in the air for some time, which can possibly transmit the COVID-19 virus.

I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I may have an elevated risk of contracting the virus simply by being in a dental office. Yes No

Do you have or have you had any of the following symptoms of COVID-19 in the last 14 days:

- Yes No Fever or felt hot/feverish
- Yes No Shortness of Breath or Difficulty Breathing
- Yes No Cough
- Yes No Flu-like symptoms, gastrointestinal upset, headache or fatigue
- Yes No Loss of taste and/or smell

Do you have heart disease, diabetes, lung disease, kidney disease or any auto-immune disorder?
Yes No

Have you been exposed to anyone with a possible or confirmed case of COVID-19 in the last 14 days? Yes No

Have you been tested for COVID-19? Yes _____ Result: Positive / Negative No
Date

Have you been tested for COVID-19 antibodies? Yes _____ Positive / Negative No
Date

Signature _____ Date _____