

## Consent for Dental Treatment during COVID-19 Pandemic

I, \_\_\_\_\_, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic at Kootenay Dental Arts.

I understand that carriers of the COVID-19 virus may not exhibit any symptoms, and if they do, the virus has a long incubation period of up to 14 days or longer before symptoms are apparent. \_\_\_\_\_(Initials)

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. \_\_\_\_\_(Initials)

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. \_\_\_\_\_(Initials)

I have been made aware of the College of Dental Surgeons of BC requirements in effect during the current COVID-19 pandemic, that all non-urgent dental care should be postponed. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of the teeth and mouth, and issues that are likely to cause anything listed above within the next three months. I confirm I am seeking treatment for a condition that meets the criteria. \_\_\_\_\_(Initials)

I understand that the Provincial Health Officer recommends social distancing at least six (6) feet to reduce the transmission of the virus, and that this is impossible with dental treatment. \_\_\_\_\_(Initials)

I confirm that I am not presenting with any of the following symptoms listed her:

Fever	Dry cough	Sore throat
Shortness of breath	Runny Nose	Flu-like symptoms

\_\_\_\_\_ (Initials)

I confirm that I have not travelled domestically or internationally within the past 14 days. \_\_\_\_\_(Initials)

I confirm that I am not currently positive for the novel coronavirus. \_\_\_\_\_(Initials)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus. \_\_\_\_\_(Initials)

I have not been exposed to anyone that has been diagnosed with or shown symptoms consistent with the COVID-19 virus in the past 14 days. \_\_\_\_\_(Initials)

Signature: \_\_\_\_\_ Date \_\_\_\_\_