



COVID-19 Pandemic Dental Treatment Consent Form

CMOH Order 05-2020 legally obligates any person who has the following **cough, fever, shortness of breath, runny nose, or sore throat** (that is not related to a pre-existing illness or health condition) to be in isolation (quarantine) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If they are exhibiting any of these symptoms, it is suggested they complete the COVID-19 Self-Assessment online tool to determine if they should be tested.

I understand that the novel coronavirus causes the disease known as COVID-19 and 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 and/or blood spray 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 virus simply by being in a dental office. _____ **(Initial)**

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

- Fever > 38°C _____ **(Initial)**
- New Cough or worsening chronic cough _____ **(Initial)**
- Sore Throat or painful swallowing _____ **(Initial)**
- New or worsening shortness of breath _____ **(Initial)**
- Difficulty Breathing _____ **(Initial)**
- Flu-like symptoms _____ **(Initial)**
- Runny-Nose _____ **(Initial)**
- Loss of Smell and/or Taste _____ **(Initial)**

High-risk categories: Diabetes, cardiovascular disease, hypertension, lung diseases, severe asthma, immunocompromised, active malignancy, or over the age of 65.

• I ***AM*** in a high-risk category and I verify that I understand the risks, and I have agreed to proceed with treatment. _____ **(Initial)**

OR

• I am ***NOT*** in a high-risk category _____ **(Initial)**

• I confirm that to my knowledge I am ***NOT*** currently positive for the novel coronavirus _____ **(Initial)**

• I am ***NOT*** waiting for the results of a laboratory test for the novel coronavirus that was ordered due to contact tracing or because I had identified risk factors _____ **(Initial)**

Please Note: Any individual who has gone in for testing on their own volition as an asymptomatic individual does not need to indicate that.

• I verify that I have ***NOT*** returned to Alberta from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____ **(Initial)**





NORTHTOWN DENTAL ASSOCIATES

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Recorded Temperature:

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• I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Alberta Health Services require self-isolation for 14 days from the date a person has returned to Canada. _____ **(Initial)**

• I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive dental treatment. _____ **(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 Alberta Health, the Communicable Disease Control or any other governmental health agency. _____ **(Initial)**

• I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have active dental treatment completed by the dentist during the COVID-19 pandemic. _____ **(Initial)**

HEALTH CARE WORKERS ONLY

• I verify that if I am a healthcare worker who has been in contact with someone who has tested positive for the novel coronavirus I have worn appropriate PPE. _____ **(Initial)**

SIGNATURE OF PATIENT

PRINTED NAME

DATE

IF APPLICABLE

Signature of Guardian _____

Printed Name of Child _____