

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.

_____ (Initial)

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. _____ (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)

I confirm I know that there are categories of people who are considered to be high risk: those 65 years of age or older and those with heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder. I am not considered high risk _____ (Initial) **OR** I fall into the high risk category and my dentist and I have discussed the risks, and I have agreed to proceed with treatment. _____ (Initial)

I confirm that to my knowledge I am not currently positive for or waiting for results of a laboratory test for novel coronavirus. _____ (Initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus, boat or train, significantly increases my risk of contracting and transmitting the novel coronavirus. I verify that I have not returned to Alberta from any country outside of Canada in the past 14 days. _____ (Initial)

I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 metres (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) **OR** I verify that I am a healthcare worker who has worn appropriate PPE. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT or GUARDIAN

Printed Name _____ Date _____