

COVID-19 Pandemic Screening & Dental Treatment Consent Form

Patient name: _____

I confirm that I am not presenting any of the following core symptoms of COVID-19 as identified by Alberta Health Services:

- Fever > 38°C _____ (Initial)
Recorded Temperature: _____ °C
- Cough _____ (Initial)
- Shortness of breath _____ (Initial)
- Runny Nose _____ (Initial)
- Sore throat _____ (Initial)
- Loss of taste or smell _____ (Initial)

I confirm that to my knowledge I am not currently positive for COVID-19. _____ (Initial)

I confirm I am not waiting for results of a laboratory test for COVID-19. _____ (Initial)

I confirm that I have not been a close contact of, or live with someone, who has tested positive for COVID-19 within the last 14 days. _____ (Initial)

OR

I verify that I am a healthcare worker who has been a close contact of someone who has tested positive for COVID-19, but have worn appropriate PPE. _____ (Initial)

I verify that I have not returned to Alberta from any country outside of Canada whether by car, air, bus, boat or train, within the last 14 days, or I have followed the Federal border measures and quarantine law in effect after travelling. _____ (Initial)

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

SIGNATURE OF PATIENT

Printed Name _____ Date _____