



COVID-19 Pandemic Emergencies & Dental Treatment Consent Form

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

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

Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can 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 have an elevated risk of contracting the virus by being in a dental office _____.(Initial)
- Have you traveled outside the United States in the past 14 days to countries that have been affected by COVID-19 YES / NO
- If **YES** I verify that I have received a negative COVID-19 test after travel ____ (Initial)
- Have you traveled domestically within the United States by commercial airline, bus, or train within the past 14 days YES / NO
- Please advise the office if you have been fully vaccinated YES / NO
- I confirmed that I am not presenting any of the followings:
 1. Fever
 2. Shortness of breath
 3. Dry Cough
 4. Runny Nose
 5. Sore Throat.
 6. _____ (Initial)
- I understand that air travel significantly increases my risk of contracting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry. _____(Initial)

Name: _____ Date: _____