



# Olympia Dental

Inclusive Dentistry

## CONSENT FOR TREATMENT DURING COVID-19 PANDEMIC

I, \_\_\_\_\_, knowingly and willingly consent to having dental treatment during the COVID-19 pandemic.

- 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 simply by being in a dental office.

\_\_\_\_\_ (Initial)

- I confirm that I have not, knowingly, come into contact with anyone that has tested positive for COVID-19.

\_\_\_\_\_ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

\_\_\_\_\_ (Initial)

- I verify that I have not traveled outside Canada during the past 14 days to countries that have been affected by COVID-19.

\_\_\_\_\_ (Initial)

Name \_\_\_\_\_ Date \_\_\_\_\_