COVID-19 Pandemic Dental Treatment Consent/ Screening Form

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

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| Do you/they have fever or have you/they felt hot or feverish recently (1421 days?) | YES | NO |
| Are you/they having shortness of breath or other difficulties breathing? | YES | NO |
| Do you/they have a cough? | YES | NO |
| Any other flu- like symptoms, such as gastrointestinal upset, headache or fatigue? | YES | NO |
| Have you/they experienced recent loss of taste or smell? | YES | NO |
| Are you/they in contact with any confirmed COVID-19 positive patients? Patients zvho are well but who have a sick Émily member at home with COVID-19 should consider postponing elective treatment. | YES | NO |
| Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location) | YES | NO |

l, knowingly and willingly consent to have dental treatment completed by Alice Yang Family Dentistry PC 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 simply by being in a dental office.

Signature Date



(revised 05/14/2020)