

INFORMED CONSENT DURING COVID-19

COVID-19 is an infectious virus that currently has no direct treatment and for which there is no current vaccine. While we have taken reasonable steps to limit the potential for transmission of COVID-19 in our office, you agree that you understand transmission of COVID-19 is still possible.

By necessity, dentistry requires that our staff and health care providers be within 6 feet of you and will need to touch you and, potentially, your personal objects. You understand that person-to-person contact may increase the chance of COVID-19 transmission. It may be necessary that you quarantine and/or take other steps in the event it is determined that you may have been exposed to COVID-19.

You further understand that recommendations and guidelines regarding COVID-19 are subject to modification.

I have been given the opportunity to ask questions and all my questions have been answered.

I have read and understand the information stated above:

Signature

Date

Please answer "Yes" or "No" with your initials, to the following questions:

- | | | |
|--|-----------|----------|
| Do you have a fever? | _____ Yes | _____ No |
| Do you have any shortness of breath? | _____ Yes | _____ No |
| Do you have a dry cough? | _____ Yes | _____ No |
| Do you have any other flu-like symptoms? | _____ Yes | _____ No |
| Have you experienced recent loss of taste or smell? | _____ Yes | _____ No |
| Contact with any confirmed COVID-19 positive people? | _____ Yes | _____ No |
| Within the last 14 days: | | |
| Have you travelled to any foreign country? | _____ Yes | _____ No |
| Have you travelled within the US? | _____ Yes | _____ No |

If so, where? _____