

# COVID-19 PANDEMIC DENTAL HYGIENE TREATMENT CONSENT FORM



CMOH Order 05-2020 legally obligates any person who has the following cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation (quarantine) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If they are exhibiting any of these symptoms, it is suggested they complete the COVID-19 Self-Assessment online tool to determine if they should be tested.

Patient name:

▶ I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

▶ I understand that dental procedures create water blood spray, which is one way that the novel coronavirus can spread. The ultra fine spray can linger in the air for minutes to sometimes hours, which can transmit novel coronavirus

▶ I understand that due to the frequency of visits of other dental hygiene patients, the characteristics of the novel coronavirus, and the characteristics of dental hygiene procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental hygiene office.

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

• Fever > 38°C

• New cough or worsening chronic cough

• Sore throat or painful swallowing

• New or worsening shortness of breath

• Difficulty Breathing

• Flu-like symptoms

• Runny Nose

• Recent loss of smell or taste

▶ I confirm that I am not in a high risk category, including: heart disease, lung disease, kidney disease, diabetes, any auto-immune disorder or over the age of 65.

**OR**

▶ I fall into the following high risk category  and my dental hygienist and I have discussed the risks, and I have agreed to proceed with treatment.

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▶ I confirm that I am not currently positive for the novel coronavirus.

▶ I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.

▶ I verify that I have not returned to Alberta from any country outside of Canada whether by car, air, bus or train in the past 14 days.

▶ I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Alberta Health Services require self-isolation for 14 days from the date a person has returned to Canada.

▶ I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive dental hygiene treatment

▶ I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Alberta Health, the Communicable Disease Control or any other governmental health agency.

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

**SIGNATURE OF PATIENT:**

**Printed Name:**

**Date:**