

COVID -19 Patient Screening and Consent Form

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

I understand that certain dental procedures create water spray, which is one way that the novel coronavirus can spread.

I am not currently positive for COVID-19 or awaiting results testing for COVID-19.

I do not have any of the following:

- Fever
- Cough
- Sore Throat
- Cold or Flu like symptoms
- Difficulty breathing/shortness of breath
- Loss of taste or smell

I have not had any of the above-mentioned symptoms in the last 14 days.

I have not had contact with anyone in the last 14 days who has COVID-19.

I have not been outside of Canada in the last 14 days or been in contact with anyone who has been outside of Canada in the last 14 days.

I understand that Manitoba Shared Health has asked individuals to maintain physical distancing of at least 2 metres or 6 feet and it is not possible to maintain this distance and receive dental treatment.

I acknowledge a Personal Protection Equipment fee of \$6 may apply to restorative dental procedures.

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

Signature _____
Printed Name _____
Date _____