

## Dental appointments during COVID-19 pandemic consent form

I \_\_\_\_\_ knowingly and willingly consent to have dental treatment completed for my child during the COVID-19 pandemic.

I understand that 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 the virus and who does not, given the current limits of testing.

A major route of transmission of COVID-19 is through droplet and aerosols. Dental procedures - even dental cleanings- create water and aerosol spray. It is unclear how long the ultra fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

- I confirm that neither myself, my child or anyone in the household is presenting with any of the following symptoms below:

-fever

-shortness of breath

-dry cough

-loss of taste or smell

-runny nose

-sore throat

\_\_\_\_\_ (initials)

- I understand that air travel significantly increases my risk of contracting and transmitting the Covid-19 virus. I verify that I have not travelled in the past 14 days by plane, bus or train.

\_\_\_\_\_ (initials)

- I verify that I have not travelled out of the country in the past 14 days.

\_\_\_\_\_ (initials)

- I have read and understand the New Requirements/Office Changes information which is available to me on the Pediatric Dentistry of Oldham County website and I agree to follow these new requirements.

\_\_\_\_\_ (initials)

The CDC recommends social distancing of at least 6 feet and this is not possible with dentistry. I have read and fully understand the risks of having a dental procedure performed for my child and wish to proceed with treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_