Sheridan Dental Centre

COVID 19 Consent Form

Patient Name *

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.

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

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

☐ I understand

I confirm that I am **not** presenting any of the following symptoms of COVID-19 identified by Ontario Health:

	I confirm
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	☐

Are you in the high risk category? (Including diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 65) *

☐ Yes ☐ No

I confirm that to my knowledge I am not currently positive for the novel coronavirus *

☐ I confirm

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

☐ I confirm

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

☐ I verify

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. Ontario Health Services require self-isolation for 14 days from the date a person has returned to Canada *

☐ I understand

I understand that Ontario Health 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 treatment. *

☐ I understand

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 Ontario Health, the Communicable Disease Control or any other governmental health agency.

☐ I verify

OR

I verify that I am a healthcare worker who has worn appropriate PPE.

☐ I verify

List of dental treatments

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

☐ I verify