

Sparkle Dental Hygiene Clinic COVID-19 CONSENT FORM

Name _____

Date _____

1. I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has long incubation period during which carriers of the virus may not show symptoms and still be contagious
2. I confirm I still wish to continue to seek dental cleaning today.
3. I confirm that I am **not** presenting any of the following symptoms of COVID-19
-Fever >37.5, cough, sore throat, shortness of breath, flu like symptoms, loss of sense of taste or smell
4. I confirm that I am not currently positive for the novel coronavirus
5. I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.
6. I verify that I have not return to British Columbia from any country outside of Canada whether by car, air, bus or train in the past 14 days
7. 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. BC Provincial Health Officer requires self-isolation for 14 days from the date a person has returned to Canada
8. I understand that BC's Provincial Health Officer has asked individuals to maintain social distancing of at least 2 meters(6 feet) and it is not possible to maintain this distance and receive dental treatment.
9. I verify that I have not identified as a contact of someone who has tested positive for novel coronavirus or been asked to self- isolate by BC's Provincial Health Officer, the Communicable Disease Control or any other government health agency

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental hygiene services by Sparkle Dental Hygiene Clinic during the COVID 19 pandemic

Signature _____