

Consent to Undergo Dental Treatment During COVID-19 Pandemic

1. I, (name) hereby declare that I have understood that,
 - contacting COVID-19 virus and emergence of symptoms can take a considerably long period which may extend up to 28 days,
 - during this long incubation period, such individuals can be highly contagious and can spread the disease to healthy individuals,
 - when performing dental treatment procedures, it is impractical to maintain social distancing recommendations (i.e. one meter apart)
 - dental procedures may create pressurized water / air sprays, which may get contaminated with patients' droplets and linger in clinic environment
 - due to above reasons, there is a chance of acquiring COVID-19 infection as a result of undergoing dental treatment

2. The dental surgeon explained to me that all the possible infection control measures are in place within his limits. I am satisfied with the infection control measures employed.

3. Furthermore, I confirm that I am not having any of the symptoms listed below:
 - Fever
 - Shortness of breath
 - Loss of sense of taste or smell
 - Dry cough
 - Runny nose
 - Sore throat

I further declare that within the past 30 days, I have not
travelled overseas or to a COVID-19 high risk area/s
associated a COVID-19 patient or a suspected individual

I hereby consent to undergo dental treatment after assessing the associated risk of COVID-19.

Signature

Date

NIC number :-

Address :-

Telephone No. :-