

Do you Have any of the following symptoms of COVID-19 identified by Alberta Health Services:	Circle	
• Fever > 38°C	Yes	No
• New cough or worsening chronic cough	Yes	No
• Sore throat or painful swallowing	Yes	No
• New or worsening shortness of breath, difficulty breathing	Yes	No
• Recent loss of smell or taste	Yes	No
• Flu-like symptoms	Yes	No
• Runny Nose	Yes	No

Are you waiting for the results of a symptomatic laboratory test for the novel coronavirus? Yes No

Have you been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Alberta Health, the CDC or any other governmental health agency? Yes No

Have you returned from travel outside of Canada in the past 14 days? Yes No

There are high-risk category factors: being 65 yrs. of age or older, heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder. *Please circle if you fall into any the high-risk categories*

I understand the following:

Alberta Health Services 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.

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

Due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (Initial)

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

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

Printed Name _____

Date _____

SIGNATURE OF PATIENT/GUARDIAN

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.