

COVID-19 Patient Consent Form

We require this form to be completed prior to your Next Appointment!

To ensure the health and safety of both our patients and staff during the COVID-19 pandemic, we require submission of consent in order for patients and staff to attend appointments.

All patients are required to review and submit a consent form prior to coming in for their next dental appointment.

PLEASE COMPLETE THE PATIENT CONSENT FORM BELOW:

* Required

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.

* Patient First & Last Name:

* Patient E-mail:

Have you or anyone in your household returned from travel outside of Canada in the last 14 days? *

Yes No

Have you been in close contact with anyone testing positive for COVID-19 in the last 14 days? *

Yes No

Are you experiencing any symptoms of COVID-19 (e.g., shortness of breath, cough, sore throat, or fever)? *

Yes No

Signature of Patient



Date