Pediatric Dental
ASSOCIATES

COVID-19 Dental Screening & Treatment Consent

Patient's Name: _____ **Patient's DOB** _____

Patient's Temperature: _____

	Pre-Appointment	In-office
Has the patient or a member of the household tested positive for COVID-19?	☐ YES ☐ NO	☐ YES ☐ NO
If you answered **YES**, has it been at least 21 days since the diagnosis and at least 14 days since symptoms subsided?	☐ YES ☐ NO	☐ YES ☐ NO
Has the patient or a member of the household been around someone in the past 21-days who has tested positive for COVID-19?	☐ YES ☐ NO	☐ YES ☐ NO
Has the patient or a member of the household traveled outside the United States in the past 21 days?	☐ YES ☐ NO	☐ YES ☐ NO
Does the patient have heart disease, lung disease, kidney disease, or any auto-immune disorders?	☐ YES ☐ NO	☐ YES ☐ NO
Does the patient have a fever or felt feverish in the past 14 days?	☐ YES ☐ NO	☐ YES ☐ NO
Is the patient experiencing any shortness of breath or other difficulties breathing?	☐ YES ☐ NO	☐ YES ☐ NO
Does the patient have a cough?	☐ YES ☐ NO	☐ YES ☐ NO
Does the patient have other flu-like symptoms, such as gastrointestinal problems, headache, fatigue, loss of taste or smell?	☐ YES ☐ NO	☐ YES ☐ NO

FORM CONTINUES ON REVERSE PAGE

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ATTESTATION AND CONSENT FOR DENTAL TREATMENT

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I have answered the screening questions truthfully and to the best of my knowledge.
- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious.
- I understand that due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures there is an elevated risk of contracting the COVID-19 virus simply by being in a dental office.

Printed Name: _____

Signature: _____

Today's Date: _____