

COVID-19 – Patient Waiver and Consent Form

I, _____, knowingly and willingly consent to receive dental treatment during the COVID-19 pandemic from Dr. Michael Lum.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever (including low grade fever), fatigue, body aches
- Dry Cough, Sore Throat
- Shortness of Breath or difficulty breathing
- Chills, Repeated shaking with chills
- Muscle pain
- Headache, Sore Throat
- New loss of taste or smell
- Trouble breathing

_____ (Initial)

I understand that the CDC recommends social distancing of at least 6 feet to any individual not living in your household, and this is not possible with dentistry. _____ (Initial)

I confirm that if I test positive or advised presumptive positive by a medical professional within 14 days of receiving treatment, I will immediately notify the Dr. Michael Lum. _____ (Initial)

I confirm that I have not traveled outside the country to areas affected by Covid-19 or on a cruise ship in the past 14 days. _____ (Initial)

I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. _____ (Initial)

Signature: _____

Date: _____