



COVID-19 Pandemic Dental Treatment Waiver

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

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, which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

I understand due to the frequency of visits of other dental patients, the characteristics of the virus and the characteristics of the dental procedures, that I have an elevated risk of contracting the virus simply by being in the Dental Practice _____ (initial).

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

- Fever
- Shortness of breath
- Dry Cough
- Runny nose
- Sore Throat
- Any flu like symptoms such as gastrointestinal upset, headache or fatigue
- Recently experienced loss of taste or smell
- _____ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the Australian Government recommends social distancing of at least 2 meters or a period of 14 days to anyone who has, and this is not possible with dentistry. _____ (initial)

- I verify that I have not travelled outside of Australia in the past 14 days to countries that have been affected by COVID-19. _____ (initial)
- I verify that I have not travelled domestically within Australia by commercial airline, bus, or train within the past 14 days. _____ (initial)

You also confirm that you do not have heart disease, lung disease, kidney disease, diabetes or any other auto-immune disorder.

Patient Name: _____ Patient Signature: _____

Date: _____