



## Consent for Treatment/Hygiene during COVID-19

I, \_\_\_\_\_ (PRINTED NAME), knowingly and willingly consent to have dental treatment/hygiene assessed and/or completed during the Covid-19 pandemic. I have been made of the RCDSO guidelines of a Dental Appointment and confirm that I have expressed the symptoms that coincide with the definition of dental treatment/hygiene.

I confirm I am not presenting any of the following symptoms of COVID-19 listed below: \_\_\_\_\_ (Initials)

- **Fever**
- **Shortness of Breath**
- **Dry Cough**
- **Runny Nose**
- **Sore Throat**

TEMP: \_\_\_\_\_

I also verify I have not travelled outside of Canada in the past 14 days: \_\_\_\_\_ (Initials)

I also verify I have not knowingly been within 2 meters of a confirmed case of COVID-19: \_\_\_\_\_ (Initials)

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**Signature of Patient or Guardian if patient is under the age of 18 years.**

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**Date:**