

**COVID-19 Pandemic  
Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association, the Ohio Dental Association and the Ohio State Dental Board, it is still possible to contract the COVID-19 virus while at a dental office. We are following all guidelines to minimize the risk of transmission.

Please read and acknowledge the following statements:

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 be highly contagious. \_\_\_\_\_ (Initial)

I understand that due to the characteristics of the COVID-19 virus and the characteristics of dental procedures, I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. \_\_\_\_\_ (Initial)

I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_\_ (Initial)

- Fever
- Shortness of breath/ difficulties breathing
- Abnormal dry cough
- Runny nose
- Sore throat
- Recent loss of taste or smell
- Flu like symptoms
- Abnormal headache
- Fatigue
- Stomach pain
- Abnormal rash

I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. \_\_\_\_\_ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. Also, the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled. \_\_\_\_\_ (Initial)

I verify that I have not traveled outside of the United States in the past 14 days. \_\_\_\_\_ (Initial)

I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. \_\_\_\_\_ (Initial)

Patient's temperature today \_\_\_\_\_ °F

Patient's name (printed): \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

Patient's or legal guardian's signature: \_\_\_\_\_ Today's date \_\_\_\_\_