

## COVID-19 Pandemic – Team Member Daily Consent Form

**Team Member:** \_\_\_\_\_

[OPTIONAL] I understand that the virus which causes COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. Certain dental procedures create an ultra-fine water spray (aerosol) that can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. Under the current pandemic, aerosol-generating dental procedures should be avoided where possible, in line with provincial regulations. Physical distancing must be observed in common areas, although it is not possible while providing or assisting with dental treatment.

I confirm that I:

- am not presenting with ANY symptoms of COVID-19, such as fever, cough, sore throat, shortness of breath, upset stomach, loss or alteration of smell or taste, or flu-like symptoms
- have not received a positive diagnosis for COVID-19 in the past 14 days
- am not waiting for results of a laboratory test for COVID-19
- have not returned from travel to an impacted area in the past 14 days [OPTIONAL]
- have not recently been in close contact with a confirmed case of COVID-19.

I have considered if I am in high risk category (e.g. immunosuppression, diabetes, heart disease, asthma, lung disease, ≥60 years of age) and have freely chosen to work.

I understand that due to the frequency of visits of other staff, dentists and dental patients, that there is a risk of contracting COVID-19 simply by being in a dental office.

I knowingly and willingly consent to work. I understand that I may revoke this consent to provide dental treatment or assist with the provision of dental treatment at any time during the day.

Date Worked	Signature of Consent for this date	Temperature

