

**COVID-19 Pandemic - Staff Daily Consent Form**

I understand the novel coronavirus, aka COVID-19, has an incubation period up to 11 days during which carriers of the virus may have minimal to no symptoms and still be contagious.

I confirm that I am not presenting with a fever, cough, sore throat, shortness of breath, or any other flu-like symptoms.

I further confirm that I am not positive for COVID19 nor am I waiting for results of a laboratory test for the virus. I verify I have not returned from travel in the past 14 days and that I understand self-isolation is required for 14 days from the date a person returns from abroad or from another area affected by COVID19. Likewise, I have not been identified as a "close contact" of a confirmed case of COVID19 or been advised to self-isolate by any regulatory or governmental authority.

I understand COVID19 is more dangerous to people with certain characteristics (e.g. those with diabetes, heart disease, lung disease, or ≥60 years of age). My decision to work knowingly and voluntarily. I understand that individuals should maintain physical distancing of at least 2 metres (6.5 ft), and that it is impossible to maintain this distance while providing or assisting with dental treatment.

I am aware that under the current pandemic, dental visits must be limited to the treatment of true emergency patients only and that as much as possible aerosol generating procedures are to be minimized. I understand the definition of true dental emergency.

I understand that dental procedures create water spray (aerosols) and that the ultra-fine nature of the spray can linger in the air, possibly for hours. Although the science on aerosols is inconclusive, some experts believe these small droplets may transmit COVID19. I understand that by interacting with other staff, dentists and dental patients, and due to the characteristics of COVID19, I may be at elevated risk of contracting COVID19 while working in a dental office.

I freely consent to work on emergency dental patients during the COVID-19 pandemic. I understand I may revoke this consent at any time during any day.

Printed Name \_\_\_\_\_

Date Worked	Signature of Consent for this date


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