

**COVID-19 Pandemic & EBOLA Virus
Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association and our state’s dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- ✓ I knowingly and willingly consent to have dental treatment completed during the **COVID-19** pandemic **EBOLA** virus. I understand that the **COVID-19** virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ (Initial)
- ✓ I understand that due to the frequency of visits of other dental patients, 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 symptoms: _____ (Initial)

COVID-19

- Fever higher than 100.4°F
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

EBOLA

- Severe headache
- Muscle pain
- Vomiting
- Diarrhea
- Abdominal pain or hemorrhage

- I confirm that I have not knowingly been in contact with a person who has been diagnosed with **COVID19** or **EBOLA** within the past 14 days. _____ (Initial)
- I confirm that I have not had contact with blood or other body fluids of a person known to have or suspected to have the **COVID-19** or **EBOLA** virus. _____ (Initial)
- I confirm that I have not had direct handling of bats or non-human primates from disease endemic areas in the last 21 days (Guinea, Liberia, Nigeria, Senegal, and Sierra Leone). _____ (Initial)
- I verify that I have not traveled outside of **MONTANA** 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)
- I understand that air travel significantly increases my risk of contracting and transmitting the **COVID-19** or **EBOLA** virus. In addition, the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. _____ (Initial)

Printed name: _____ Date of birth: _____
(Patient)

Signature: _____ Today’s date: _____
(Patient or legal guardian)