



COVID-19 Outbreak Intake/Consent Form

Infection control has always been a top priority for our practice, and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients safe.

Our office follows infection control recommendations made by the Washington State Department of Health, American Dental Association (ADA), the U.S. Centers for Disease Control (CDC) and the Washington Industrial and Health Act (WISHA). We follow the activities of these agencies so that we are up to date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You may see some changes when it is time for your appointment. Changes were made to help protect our patients and staff. For example:

- ✓ Our office may communicate with you beforehand to ask some questions. You'll be asked those same questions again when you are in the office.
- ✓ We have hand sanitizer that we encourage you to use upon entering the office.
- ✓ You may see that our waiting room will no longer be offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- ✓ We will do out best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We assure you that the health and safety of our patients and staff members are our top priority. We are trained to prevent the spread of infectious diseases such as the flu, HIV, hepatitis, and tuberculosis. These precautions that we take every day will also help prevent the spread of the Coronavirus.

A weak or compromised immune system (including, but not limited to, diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19 and may result in the need to consider rescheduling treatment.

- Have you/or do you have a fever or felt feverish recently (past 14-21 days)?.....YES No
- Do you have a dry cough? .....YES No
- Do you have shortness of breath or difficulty breathing? .....YES No
- Do you have any flu-like symptoms? .....YES No
- Do you have heart disease, lung disease, kidney disease, or diabetes? .....YES No
- Have you experienced recent loss of taste or smell? .....YES No
- Have you been in contact with any confirmed COVID-19 positive patients? .....YES No
- Have you tested positive for COVID-19 or been tested and are awaiting results?.....YES No
- Have you traveled out of the country in the past 30 days? .....YES No

Patient First and Last Name (print): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_