

COVID-19 Pandemic Support Team Member Daily Consent Form

Team Member: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that due to the frequency of visits of other team members, denturists and denturist's patients, the characteristics of the novel coronavirus, and the characteristics of denture procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in denturist's office. _____(Initial)

I confirm that I have read and understand the College of Denturists of BC's standards, guidelines and recommendations to prevent the transmission of COVID-19 _____(Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by BC Ministry of Health:

- Fever > 38° C _____(Initial)
- Cough _____(Initial)
- Sore Throat _____(Initial)
- Shortness of breath _____(Initial)
- Flu-like symptoms _____(Initial)

I confirm that I have considered if I am in a high-risk category (e.g. diabetes, heart disease, lung diseases > 60 years of age) and have chosen to work. _____(Initial)

In confirm that to the best of my knowledge I am not currently positive for the novel coronavirus. _____(Initial)

I confirm that I am not waiting for results of a laboratory test for the novel coronavirus. _____(Initial)

I verify that I have not returned to British Columbia from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____(Initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus and that BC Ministry of Health requires self-isolation for 14 days from the date a person has returned to Canada. _____(Initial)

I understand that BC Ministry of Health has asked individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and provide or assist with denture treatment. _____(Initial)

I verify that I have not been identified as a close contact of a confirmed case of someone who has tested positive for novel coronavirus and/or been asked to self-isolate by BC Ministry of Health, the BC Centre for Disease Control or any other governmental health agency. _____(Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to work on emergent, essential and non-essential denture treatment patients for _____, 2020 (insert date) during the COVID-19 pandemic.

I understand that I may revoke this consent to provide denture treatment or assist with the provision of denture treatment at any time during the day. This means that I may change my mind.

Signature _____ Date _____

Printed Name _____ Date _____