

Kelli Junker DDS Consent – COVID 19

I, _____, knowingly and willingly consent to have dental treatment completed. I understand that dental procedures have the potential to produce aerosols, which is a way that COVID-19 is spread. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms right away and still be highly contagious.

_____ I have been made aware of the infection control policies Kelli Junker DDS is following to reduce the transmission and exposure of COVID-19, as recommended by CDC, ADA, and OSHA, however, I understand it is spread person to person via respiratory droplets among close contact.

_____ I confirm, to the best of my knowledge, I have not had close contact with an individual diagnosed with COVID-19 within the past 3 weeks.

_____ I confirm that I do NOT have any of the following symptoms:

- Fever
- Dry cough
- Shortness of breath
- Loss of sense of taste or smell
- Runny nose
- Sore throat
- Any other flu-like symptoms

_____ If I develop any flu-like symptoms within 3 weeks after my appointment I will contact the dental office immediately. I understand I may be referred for COVID-19 testing.

I have had the opportunity to ask the dental staff questions regarding any concerns I might have, and I feel comfortable proceeding with dental treatment today.

Signed: _____ Date: _____
Patient or Guardian

Signed: _____ Date: _____
Witness

Signed: _____ Date: _____
Dr. Kelli Junker, DDS