I, ______________, knowingly and willingly consent to have dental hygiene treatment completed during the COVID-19 pandemic.

I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, I have an elevated risk of contracting the virus simply by being in the TWU Dental Hygiene Clinic.
  
  __________ (initial)

- I have been made aware of the CDC and ADA guidelines under the current COVID-19 pandemic. I understand and agree that I am either completing treatment in progress or beginning treatment necessary to treat disease and infection and/or receive preventive procedures.

  __________ (initial)

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below:

- Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea

  __________ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. With regards to travel, the CDC recommends: self-quarantine for a period of 14 days and social distancing of at least 6 feet. Dental appointments do not allow for social distancing.

  __________ (initial)

- I verify that I have not traveled outside the United States in the past 14 days to any areas that have been affected by COVID-19.

  __________ (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)

If I experience COVID-19 symptoms within 14 days after my dental hygiene appointment at TWU, I agree to notify the Dental Hygiene Program at 940-898-2870 or email the dental hygiene secretary, Debra Stolinsky at dstolinsky@twu.edu

  __________ (initial)

Signature: _______________________________ Date: _______________________

Printed name: ___________________________________