

## Unique Circumstances Consent Form

### Sutton Dental

I confirm that I do not have any of the following Symptoms:

Do you have fever or felt feverish in the past 21 days? \_\_\_\_\_

Do you have shortness of breath? \_\_\_\_\_

Do you, or have you had a cough? \_\_\_\_\_

Any flu like symptoms or GI upset, headache or fatigue? \_\_\_\_\_

Any loss of smell? \_\_\_\_\_

Are you in contact with any confirmed cases of COVID-19 positive people or in contact with people that have sick family members? \_\_\_\_\_

I understand that COVID 19 has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID 19 is extremely contagious and is believed to be spread by person to person contact; and as a result the federal and state governments have advised social distancing. I recognize that Dr. Glasier and all of the Staff at Sutton Dental are closely monitoring the situation and have put in added preventative measures aimed to reduce the spread of COVID 19. However, given the nature of the virus, I understand that there is an inherent risk of becoming infected with COVID 19. I hereby accept the inherent risk of being infected. I agree if that, if I were to exhibit any symptoms of, or am diagnosed with COVID 19, I will immediately contact my dentist so that proper steps can be taken to limit the spread.

Name: \_\_\_\_\_

Date: \_\_\_\_\_