COVID-19 Pandemic Dr. Cassandra "Casey" Elkins Consent Form

I knowingly and willingly	y consent to have dental treatmen	t during the COV	/ID-19 pandemic	(Initial)
	-19 virus has a long incubation per contagious. It is impossible to dete	•	•	, ,
I confirm that child(ren)	are not presenting any of the folk	owing symptoms	of COVID-19 listed below	
	Fever – Temperature:	degrees	YES / NO	
	• Shortness of Breath		YES / NO	
	Loss of Sense of Taste or Sme	II	YES / NO	
	 Dry Cough 		YES / NO	
	 Runny Nose 		YES / NO	
	 Sore Throat 		YES/ NO	
disorders	do not have any Heart Disease, Lu _ (Initial) If they do please list circ of contagious viruses and to help po (Initial)	le which ones an	d patient name:	
	evel significantly increases my risk on C, OSHA and State Board of Dental	_	_	
by COVID-19 • I verify that I ha	eve not traveled outside the United(Initial) eve not traveled domestically within s(Initial)			
Parent/Guardian Signat	ure:		Date:	
Child(namla) Nama				