

This is a special consent form. Consent to be taken in addition to regular consent form before

Clinic Name: **Care and Cure Dental Clinic**

Address: **4,Om Trimurti sty, Jijainagar, Namdeo path, Dombivli East**

I, _____, knowingly and willingly consent to
Completed during the COVID-19 pandemic.

1. I understand the COVID-19 virus has a long incubation period during which carriers have no symptoms and still be highly contagious. It is impossible to determine who has it and the current limits in virus testing.

2. If I am an asymptomatic carrier or an undiagnosed patient with COVID 19, I suspect I may be a source of infection to clinic staff. It is my responsibility to take appropriate precautions and to follow the protocol.

3. I am aware that I may get an infection from the clinic or from a doctor, and I will take steps to prevent this from happening, but I will not at all hold doctors and clinic staff accountable if such an infection occurs to me or accompanying persons.

4. In case I or my attendant get the COVID 19 infection after the visit to the clinic, I will report it at the earliest, so that appropriate tracking of the patients/attendants and clinic staff can be done.

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

a –Fever

b – Shortness of Breath

c – Loss of Sense of Taste or Smell

d – Dry Cough

e – Runny Nose

f –Sore Throat