Indian Dental Association
Kerala State Branch

COVID 19

INFORMED CONSENT FOR DENTAL TREATMENT

Name : ..... Age/Sex : ..... M / F

Occupation : ..... Mobile No. : .....

Address : ..... Date / Time : .....

..... Temperature : .....

Sl.No.	Particulars	Yes	No
1.	Have you or any of your cohabitants been diagnosed with Covid- 19?		
2.	In the past 10 days, have you or your cohabitants had symptoms like fever, body aches, cough, sneezing, difficulty in breathing, throat pains or conjunctivitis?		
3.	Have you or your cohabitants travelled outside the state/country, in the past 10 days?		
4.	Have you been vaccinated with both the doses against Covid 19?		
5.	Has 14 days or more elapsed after the administration of the second dose of vaccination?		

I, ... have come to this Dental Clinic/Hospital for dental treatment. The doctor reserves the right to Treat / Defer / Refer me accordingly.

If I happen to be an asymptomatic carrier or an undiagnosed patient with Covid-19 disease, I suspect it may dangerthe doctors and other clinic staff. It is my duty and responsibility to take appropriate precautions and follow the pro tocols prescribed by them. I also know and understand that I may already be an asymptomatic carrier / undiagnosed COVID-19 positive patient / may get infected due course of time after my visit to the dental clinic and I will not hold the doctors or the staff of the clinic responsible for any future diagnosis of COVID-19 with me or my accompanying person.

The above terms and conditions have been read by me/have been explained to me in my native language to my com plete satisfaction. I agree to all terms and conditions mentioned above. I verify, confirm and agree to be held account able, regarding the details given by me which I state are true to the best of my knowledge.

Signature of Patient / Parent / Guardian	
Signature of Accompanying Person	

Name of the Dentist & Signature

KDC Reg. No:

N.B. Not disclosing information or providing false information is a punishable offence under the IPC and Kerala Epidemic Diseases Ordinance 2020