

PANDEMIC EXPOSURE ACKNOWLEDGEMENT

This Pandemic Exposure Acknowledgement (the "Acknowledgement") is executed this __ day of _____ 2020, by _____ ("you") to and in favor of _____ ("Practice").

Practice has explained the risks of returning to work in the office during the COVID-19 pandemic, as described below, and you desire to continue working in the office despite the risks.

As of April 24, 2020, the Arkansas Department of Health recommended that dental facilities and healthcare providers may resume services that require minimal protective equipment on May 11, 2020. Because dental work often creates aerosols, it carries an added risk of spreading COVID-19. This form is being provided to you to identify potential risks of providing dental treatment during COVID-19. These include, but are not limited to, increased risk of exposure to COVID-19. While we are taking all reasonable precautions to prevent the spread of COVID-19, it is impossible to eliminate that risk. Dentists and/or staff are exposed to multiple patients, who could be asymptomatic carriers of COVID-19. Complications of COVID-19 may include acute respiratory distress syndrome, irregular heart rate, cardiovascular shock, severe muscle pain, fatigue, heart damage or heart attack. The risk of complications is increased for individuals aged 65 and older, and individuals with compromised immune systems and/or chronic disease.

If you or a member of your household are experiencing symptoms of COVID-19 (e.g., fever, cough, shortness of breath), **please alert Dr. _____ immediately**.

By signing this form, you hereby acknowledge that dental work creates an added risk of spreading COVID-19. You further acknowledge that for you to perform your job duties, you may be closer than the CDC recommended 6 ft. in proximity.

Employee: _____

By: _____

Title: _____