



---

Page 2: Your information

**Q1**

Your details

First name	Lisa
Surname	Butler
City/town	██████
Email	████████████████████

---

**Q2** dentist or dental specialist

Your submission is in the capacity as

---

Page 3: Name of company/organisation

**Q3** Respondent skipped this question

Name of company/organisation

---

Page 4: Your Person ID number

**Q4**  
Please add your Dental Council Person ID registration number

██████

---

Page 5: Please provide your feedback by responding to the following question

**Q5**

**Yes**

Do you support the proposed Supplementary risk management principles for oral health during the COVID-19 pandemic? If you do not support the draft, please share your concerns, reasons for your view, and proposed alternatives if you have any.

---

**Q6**

Please share any comments you have below:

I do not believe that I should be required to check vaccination status of people. As a healthcare practitioner I treat ALL patients as if they are contagious. I believe in a person's right to choose OR refuse to vaccinate. This vaccination is in experimental trials into 2023 and therefore a person cannot adequately give informed consent.

My responsibility is to provide care to the best of my ability. Someone who is obviously ill can be asked to reschedule. BUT, it is my understanding that people can carry the virus and give it to others if they have been vaccinated or not.

It is best to assume that any patient can be contagious with any multiple types of diseases and continue to treat them the way we have been. Let's not lose sight of common sense.

---