



Page 2: Your information

Q1

Your details

First name	Marcos
Surname	Rippel Reichert
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

No

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:

Vaccine passes are being granted even when people are not fully vaccinated due to exemptions. Since we cannot guarantee what the vaccine pass means, we cannot reliably define it a patient is a low, moderate, or high risk.
