



Page 2: Your information

Q1

Your details

| | |
|------------|------------|
| First name | yasmin |
| Surname | akrum |
| City/town | [REDACTED] |
| Email | [REDACTED] |

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

[REDACTED]

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

Consultation on supplementary risk management principles for oral health during the COVID-19 pandemic

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 would like more specific directions on infection control during each traffic light code as well as unvaccinated people.
