



---

Page 2: Your information

**Q1**

Your details

First name	Rachael
Surname	H
City/town	[REDACTED]
Email	[REDACTED]

---

**Q2**

patients/consumers

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**

Respondent skipped this question

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 particularly favour that the Dental Council will not support medical tyranny. It's good reasonable suggestions have been made to deal with unvaccinated patients without using discrimination.

---