1905

ZAH ZUID-AFRIKAANS HOSPITAL

Disclosure and consent form for ZAH Admission

I _____, knowingly and willingly consent for myself / on behalf of _____, to accept that I will be operated on or receive medical treatment during the lockdown period related to the COVID-19 pandemic.

I Understand that:

- COVID-19 can be transferred from infected persons.
- The virus can spread from person to person through droplets, from the nose or mouth when the person coughs, sneezes or exhales.
- These droplets can land on objects and surfaces around the person.
- Other people can contract the disease by touching these surfaces or objects, then touching their eyes, nose or mouth.
- It is important to stay at least 1.5m from all people especially those who are sick.
- The disease can have long incubation periods, during which the carrier can be contagious.

Please take note that whilst admitted in hospital, medical procedures may be performed that can potentially expose you and other patients or medical practitioners in the hospital to Covid-19.

- I understand that due to the frequency of the visits with other patients, the characteristics of the virus, and the nature of consultations and medical procedures, that I / the patient have / has an elevated risk of obtaining the virus simply by being in a hospital. _____**(Initial)**
- I have been made aware of the National Institute of Communicable diseases (NICD) guidelines and that under the pandemic theatre activity is limited. _____**(Initial)**
- I confirm that I am taking all the necessary precautions to minimize the risk to myself and other patients and healthcare workers. _____**(Initial)**

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below and that I will inform the medical practitioner or nursing staff immediately should I develop any of the symptoms.

- Fever
- Shortness Of Breath
- Sore Throat
- Cough
- Loss of smell or taste

Signature _____ Date_____

Name of patient/parent/guardian

_____