

COVID-19 RELATED SPINE OPD CONSENT FORM

Dated : _____

I, the patient named _____, UHID _____, and my relatives have been informed by our treating doctors that COVID-19 viral disease pandemic is currently going on all over the world and is causing a significant morbidity and mortality. Many of the infected persons are asymptomatic and lack specific symptoms or signs of infection. Thus, they move freely in society and unknowingly spreading the disease to others. It is not possible to predict who is infected and who is not without doing COVID test. Testing every person is also not a solution as a person with previous negative COVID test can get infected later after the test. Also, a person who had got infected previously and recovered is still at risk of developing recurrent COVID infection. As COVID is a new infectious disease with continuously evolving knowledge, we have been alerted about the possibility of risks or complications which doctors are not currently aware of.¹⁻²

Various preventive measures like wearing face mask, taking hand hygiene precautions and following social distancing significantly reduce the probability of getting infected but not make it zero. So, we will wear masks and follow social distancing and hand hygiene measures. We understand that we (the patient and the accompanying relatives) are at significant risk of developing this COVID infection and its associated complications anytime during or after our hospital visit despite following these preventive measures.¹⁻³

As I (patient) and my relatives are likely to come across many other patients and/or their relatives or hospital staff during our OPD VISIT or while undergoing testing or procedures in the hospital; we will come to hospital at our appointment time only, with least possible number of relatives, and will patiently wait for our turn after reaching OPD. We will neither make rush and nor increase crowds at one place. We will follow hospital crowd management protocols, and follow all other preventive measures both inside and outside the hospital. If we are found violating the preventive measures, hospital authorities will have the right to cancel our appointment and we will accept the cancellation of our appointment.¹

If either we or our patient is found out to be COVID positive anytime either during our visit in AIIMS or after coming back from hospital; we will fully cooperate with the doctors for the treatment of this disease also and will never blame the hospital and its doctors, nurses, employees etc for the same.

Explained by: _____ (sign), _____ (Doctor name)

Patient: _____ (sign), _____ (Name)

Relative 1: _____ (sign), _____ (Name)

REFERENCES

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