

Name:

Address:

Hospital Number:

DoB:

Covid-19 Specific Consent Form

General

* The alternatives (listed on the consent form) to the procedure ,I am attending for have been discussed with me, as have the risks of not proceeding with the procedure which could include a worse outcome from the underlying disease
* I have been warned that attending hospital might increase my risk of catching Covid-19
* I have been warned that if I do catch Covid-19, it may make my recovery from my procedure more difficult, it may increase my risk of serious illness or even death
* I have been warned if I were to develop Covid-19 around the time of my surgery, I do have higher risk of requiring ventilator support and mortality (1 in 4)
* I have been warned that if I need critical care during my stay I might be moved to another hospital
* It has been explained that it is likely that I will not be able to have friends and family visit me whilst in hospital.

Specific

* I have not experienced any Covid-19 symptoms during the last 14 days
* I confirm that I have been self-isolating for as long as my hospital has requested me to (usually 14 days).
* No members of my household or other contacts have been unwell with Covid-19 symptoms for the last 14 days
* I have undergone Covid-19 swab testing and understand that I am Covid-19 negative

**Patient**

Signature ……………… Name (PRINT) …… Date ……………

**Clinician**

Signature ……………… Name (PRINT) …………………………………......... Date …………………………….

Adapted from BSUG