



COVID-19 PANDEMIC – DISCLOSURE AND CONSENT FORM

I _____, knowingly and willingly consent for myself (or a minor, _____, under my care) to have an elective medical treatment during the COVID-19 pandemic.

I understand that:

- The World Health Organisation has declared a COVID-19 Pandemic
- People can catch COVID-19 from others who have the virus.
- The disease can spread from person to person through small droplets from the nose or mouth of infected persons who exhale, cough, sneeze or whilst speaking and they are inhaled into the mouth or nose or through the mucous membranes of the eyes.
- These droplets may also settle on objects and surfaces around the person. People may catch COVID-19 by touching these objects or surfaces, and then touching their eyes, nose or mouth.
- The COVID-19 virus has a long incubation period during which carriers of the virus might not show symptoms but may be contagious.
- Exposure to or infection with COVID-19 may:
 - I. Lead to additional severe complications
 - II. Require further medical treatment for the virus and complications
 - III. May require a period of quarantine and further testing
- COVID-19 infection carries a risk of death and this is increased with age and the presence of co-morbidities.
- There is no current treatment for COVID-19 and vaccines are currently not available.
- Wearing masks limits the transmission of infected droplets into the air from infected persons. Wearing a mask protects those around you and visa-versa.
- Social distancing of 1.5m further limits person to person COVID transmission.

It is therefore essential to observe all precautions at all times as it is impossible to determine who may be infected.

Medical procedures take place with the patient in close proximity to the medical practitioner. This potentially exposes the patient and the medical practitioner to respiratory droplets which may spread the disease.

- I understand that due to the frequency of visits of other patients, the characteristics of the virus, and the nature of consultations and medical procedures, that I have an elevated risk of obtaining the virus simply by being in a medical practice. _____ **(Initial)**
- I have been made aware of the National Institute of Communicable Diseases (NICD) guidelines and that under the current pandemic all non-urgent health care is not recommended. _____ **(Initial)**
- I confirm I am seeking treatment for a non-urgent condition. _____ **(Initial)**
- I confirm that I am not presenting with any of the symptoms of COVID-19 detailed in the attached questionnaire and that I will inform the medical practitioner immediately should I develop any of these symptoms. _____ **(Initial)**

Signature _____ Date _____