

# WEST COAST PAEDIATRICS/DR HESTER VD WALT

IT IS A CRIMINAL OFFENCE TO FALSIFY OR WITHHOLD THE COVID-19 STATUS OF THE PARENT/CAREGIVER/PATIENT

## COVID-19 INFORMATION AND CONSENT FORM

TO SUPPLEMENT CONSENT TO CONSULTATION / TREATMENT / PROCEDURE



I, the undersigned patient, or person authorised to consent on behalf of the patient, hereby state that I understand, and agree to the following:

1. This consent form supplements the general consent I provide when agreeing to health care, treatment, an investigation, an examination and/or to a procedure at West Coast Paediatrics and the risks and costs thereof.
2. COVID-19 is a virus that is highly infectious, and can spread from person to person, and survive on surfaces. I understand that as a patient / parent / caregiver / authorised person, I have a responsibility to ensure that all rules set by the National Institute for Communicable Diseases (NICD - <https://www.nicd.ac.za>) and the National Department of Health, are followed. Accompanying persons must adhere to physical distancing rules at all times, with a cloth face **mask FULLY FITTED OVER NOSE AND MOUTH**, at all stages (<https://www.nicd.ac.za/wp-content/uploads/2020/04/Guidelines-Use-of-cloth-face-masks.pdf>).
3. Department of Health Guidelines identify certain patients as vulnerable should they contract COVID-19, and it is understood that this may influence decisions in relation to any healthcare to be rendered.
4. It is understood and agreed to, that *no guarantees can be made that the virus will not be transmitted in a practice, or in a health facility*. It is also understood that asymptomatic persons may transmit the virus.
5. All patients and accompanying- or authorised persons will be required to complete a screening survey prior to the consultation, treatment and/or procedure taking place. The results may necessitate that the patient and/or accompanying person be referred for a COVID-19 test. Should the test come back positive, a decision will be made as to the continuation, delay, or cancellation of any care or procedure. It is understood that the results of a COVID-19 test, or any screening that reveals a person who might have been exposed to the virus, must by law, be reported to the authorities (the NICD). This includes the duty to supply details of all contacts.
6. The Practice may require adherence to specific protocols to protect myself / the patient, and any accompanying person. Practice protocols include that only one patient will be allowed in the practice at any point in time, and that persons have to wait in the car or in the parking lot until called in. The healthcare provider will advise on what is expected of a patient before, during and after health care is rendered. Some facilities may ban or limit numbers of visitors, to protect all patients. Please enquire as to the practice and facility's rules in this regard.
7. **No unannounced visits to the this Practice are permitted - all reservations or enquiries are to be made per telephone on 022 7135149**

**FURTHER [PLEASE READ CAREFULLY BEFORE MARKING TRUE OR FALSE AND SIGNING!]**

***I declare the following regarding myself and the patient or persons accompanying me:***

- ***Neither has traveled internationally within the last 14 days. TRUE  FALSE***
- ***Neither has visited a highly impacted [COVID-19 hotspot] area within South Africa in the last 14 days. TRUE  FALSE***
- ***Neither has knowingly been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. TRUE  FALSE***
- ***Neither has been diagnosed with Coronavirus/COVID-19. TRUE  FALSE***
- ***Neither is at present in isolation due to suspected or real infection with COVID-19. TRUE  FALSE***
- ***Further I declare that I and the patient and persons accompanying me are adhering to ALL NICD recommended guidelines in order to limit our exposure to the Coronavirus/COVID-19. TRUE  FALSE***

***I hereby declare that the above information provided by me is the truth:***

Name ..... Signature .....

Mobile Telephone ..... Date .....