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SPECIAL CONSENT FOR TREATMENT DURING THE COVID-19 PANDEMIC

1. I understand that the novel coronavirus, COVID-19, is contagious and has been declared a worldwide pandemic by the World Health Organization.
2. 2.I understand that many health agencies recommend social distancing because it is believed that the virus is spread by both person-to-person contact as well as contaminated surfaces.
3. I also understand that such recommendations may not be possible during medical and surgical care and as such, there is an inherent risk of being exposed to COVID-19 by proceeding with the proposed treatment /procedure.
4. I understand that exposure to COVID-19 before, during or after the treatment /procedure may result in any or all of the following: a. A positive COVID-19 diagnosis b. extended quarantine/self-isolation c. additional tests d. emergency room visits e. hospitalization that may require medical therapy and intensive care treatment including intubation and ventilation f. or other potential complications including the risk of death.
5. I understand that COVID-19 may cause additional risks, which may not be known at this time, in addition to the risks described herein.
6. I understand that if I have COVID-19 infection, even if I do not have any symptoms, proceeding with elective procedures can lead to a higher chance of all complications.
7. I understand that I may be required to undergo a COVID-19 test as well as quarantine/self-isolation before and/or after the procedure.
8. I understand that even if I have tested negative for COVID-19, the tests may fail to detect the virus, or I may have contracted COVID-19 after the test.
9. I understand that there is currently no specific treatment or prevention for COVID-19.
10. I understand that despite risk-reducing measures put into place by doctors, staff and facilities, there is no guarantee that I will not be exposed to or infected with COVID-19.
11. I understand that potential complications as a result of this procedure or of COVID-19 exposure may require surgical correction or other treatments. I agree that any additional consumables, theatre, facility, anaesthetic or other consultative fees will be solely for my account, medical insurance notwithstanding.
12. I have been given the option to defer my treatment /procedure to a later date. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this procedure and I hereby authorize Dr _____ and such assistants, anaesthetists and staff as may be selected and considered necessary to perform the procedure.

I CONSENT TO THE TREATMENT /PROCEDURE AND THE ABOVE LISTED ITEMS (1-12)

_____
Name of Patient or Person Authorized to Sign for Patient

_____ _____ _____
Signature of Patient or Person Authorized to Sign for Patient Date

Direkteur/Director: M Duvenage
Reg Nr/No: 2001/0167558/21