

PATIENT'S INFORMATION  
(Please Stick Label)

## COVID-19 INFECTION SAFETY ACKNOWLEDGEMENT

I fully understand and agree that:

- INSTITUT JANTUNG NEGARA SDN BHD ("IJN")** has fully complied with all regulations and guidelines imposed by the Government of Malaysia in relation to Coronavirus -19 pandemic. In addition, all of IJN's clinical staff has been fully vaccinated.
- Despite every possible measures and steps taken by IJN to avoid infection risk to its patients, visitors and staff there is always a risk of me and my accompanying person acquiring the infection.

In view of the above, I undertake not to pursue any claim and / or proceedings against IJN of any losses, costs, liabilities, sufferings or damages if I or my accompanying person has acquired the infection of Coronavirus – 19.

I hereto further confirm that the above has been explained to me by IJN and I fully understand the nature and consequence and I sign on this form without any reservation whatsoever.

*\*Please strikethrough whichever if not applicable*

*PATIENT/ PARENT/ SPOUSE/ NEXT OF KIN/ GUARDIAN	IJN STAFF
Signature: _____	Signature: _____
Name: _____	Name: _____
Relation to Patient: _____	Designation: _____
NRIC number: _____	Date: _____
Date: _____	