GHAISAS ENT HSOPITAL / 1248 B DECCAN GYMKHANA. / PUNE 411004

Doctor’s Name : {{doctor\_name}}

Date : {{created\_date}} Time : {{created\_time}}

\*Declaration\*

In the wake of the current Corona Pandemic Lockdown, I have come to the hospital by myself for my emergency treatment. If I am an asymptomatic carrier or an undiagnosed patient with COVID19, I suspect it may endanger doctors and hospital staff, and it is my responsibility to take appropriate precautions and follow doctor-advised protocols.

I am fully aware, that I can be a carrier of the corona virus. I will be fully responsible for transmitting the disease to doctors, hospital staff and other patients.

I also know that I and my accompanying person may get an infection from the hospital , doctor or hospital staff. I will take every precaution to prevent this from happening. I will not hold doctors, hospital and hospital staff responsible for the infection with me or my accompanying persons.

Patient’s Name: {{patient\_name}}

Mobile Number: {{mobile\_number}}

Patient's signature / thumb: {{signature}}