

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

Doctor's Name : \_\_\_\_\_

Date : \_\_\_\_\_ 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: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Patient's signature / thumb: \_\_\_\_\_

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