

**INFORMED CONSENT FORM FOR NOVEL CORONAVIRUS (COVID-19) INFECTION**  
**(TO BE USED IN ADDITION TO OTHER CONSENT FORMS)**

Patients associated with novel coronavirus (COVID-19) infection are receiving inpatient and outpatient treatments in dedicated units. We would like to inform you that due to the high level of transmission in the new coronavirus (COVID-19) infection and your presence in the hospital environment, there may be a risk of transmission, even if it is low.

My physician has informed me/my patient about the possible conditions (fever, cough, shortness of breath, flu symptoms, organ and system failure, respiratory failure, death) that novel coronavirus (COVID-19) infection may become active after surgery/inpatient/outpatient treatment, even if it does not present any symptoms at this time.

It has been explained to me/my patient by the physician that it is not possible to detect this condition even if a test is performed under these conditions and the disease cannot be detected during the incubation period.

After this information, I expressly declare and agree to undergo inpatient/outpatient surgery and inpatient treatment.

Patient/Patient Relative:

Name-Surname

Date/Time

Signature:

Physician:

Name-Surname

Date/Time

Signature:

***THE FOLLOWING SECTION IS TAKEN FROM THE RELATIVE OF THE PATIENT WHO WISHES TO STAY IN THE HOSPITAL***

The healthiest option we want you to choose for our patient and for you is not to stay in the hospital as a visitor. It has been informed that the novel coronavirus (COVID-19) infection is in the form of a pandemic and has a high level of contagion rate, and possible conditions (fever, cough, shortness of breath, flu symptoms, organ and system failure, respiratory failure, death) have been explained. It has been informed that the isolation conditions of my relatives will be provided and his/her follow-up and treatment will continue.

Despite all warnings, I voluntarily agree and accept to remain as a visitor with my patient.

Visitor's name:

Signature: