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Consent for therapy during COVID19

COVID-19 is a highly infectious illness caused by a previously unknown virus for which there is currently no proven treatment regime or vaccine. While most people who contract the illness will only suffer mild symptoms and recover, a small number have serious symptoms and need hospitalisation. Persons over 60 and those with other chronic and respiratory illnesses or who have suppressed immune systems are at greater risk.

The **Covid-19** virus is mainly transmitted through droplets which remain airborne for a short period and quickly fall on floors or surfaces. You can be infected by breathing in the virus if you are in close proximity of someone who has COVID-19, or by touching a contaminated surface and then your eyes, nose or mouth.

All patients/clients/accompanying family members will be screened as per the regulations before entering the occupational therapy practice/facility and any person with a temperature or any of the symptoms of Covid-19 listed above must consult a medical practitioner. Occupational Therapy will be resumed when the person has been cleared for the COVID-19 virus or after a period of isolation if this is required.

I understand that Wendy Young Occupational Therapy is following all guidelines and regulations of the Occupational Health and Safety Act and Regulations specified by the Department of Health to minimise the risk of transmission of the virus, including stringent hygiene protocols, and the use of appropriate personal protective equipment.

I am aware that despite following these guidelines diligently, the risk of contracting COVID19 cannot be completely eliminated. I am aware of the increased risk associated with my age and/or co-morbidities as mentioned above.

I understand that there may be an impact on the cost of care due to the need for personal protective equipment, such as masks.

I realise that I cannot hold Wendy Young Occupational Therapy or any of the staff members liable should I contract the virus during a therapy session in the rooms at Suite 16a Medigate Centre, Umhlanga.

I am aware that the therapist has carefully considered the need for face-to-face therapy, and telehealth therapy is a safe option, should the therapist decide that this is an appropriate option for my condition.

I am also aware that my health is my responsibility, should I choose to decline necessary treatment for my condition during this time.

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Lisa Springer BSc.O.T (UCT), PG Dip Hand Ther (UP), **Tara Wessels** B. Occ Ther (UP), **Jessica Baisley** B. Occ Ther (UFS)

Disclaimer:

I, _____, have been informed of the risks of during the COVID-19 pandemic. I have been informed of the safety precautions in place. I am aware of the potential risks to me/my child/family member during the occupational therapy assessment/treatment/care, and I have made an informed decision to continue with my treatment.

Signature of patient/parent/guardian

Date

Screening Risk Checklist

- 1) Have you had any flu-like symptoms in the last 2 weeks (fever/sore throat/cough/shortness of breath/aches/nausea/vomiting)
- 2) Have you been in contact with anyone who has had any flu-like symptoms in the last 2 weeks?
- 3) Have you lost your sense of taste or smell in the last 2 weeks?
- 4) Have you been in contact with anyone with a confirmed or suspected COVID19 diagnosis in the last 3 weeks?
- 5) Do you have any co-morbidities (TB, HIV, CA; hypertension, diabetes, asthma or treatments like chemotherapy and ACE-inhibitors)
- 6) Have you recently been to a funeral, or large gathering?
- 7) Do you declare that you have answered the above questions truthfully?

DATE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Temp (°C)	SIGNATURE