

MACM Risk Management

COVID-19 Pandemic Surgery/Procedure Consent Form

My doctor has explained to me that I need surgery or a procedure during the COVID-19 pandemic. I understand that my doctor is certifying that my condition is now of a nature requiring prompt care.

Despite safeguards instituted to minimize infection, I understand that there is a risk that performing this surgery or procedure and the care that is associated with it may result in my becoming infected with COVID-19 virus. Such infection could further result in significant sickness, disability, or death. Nevertheless, I agree to have the surgery or procedure during the COVID-19 pandemic.

I have read and understand this form. I have had the chance to ask my doctor questions regarding my surgery or procedure and COVID-19. My doctor has answered all of my questions.

Signature of Patient or Authorized Representative / Relationship to patient

Date/Time

Witness

Date/Time

Physician Certification

I hereby certify that this patient is under my care, that I have examined this patient, and to the best of my medical judgment, the patient suffers from a condition that requires prompt surgical care. I have explained all of the surgical risks, benefits, and available alternative treatments to the patient and have further explained in detail the risks of the patient contracting COVID-19 as a result of having the surgery or procedure performed. I further answered any and all questions asked by the patient including any questions about COVID-19.

Signature of Physician

Date/Time

This is provided for informational purposes. It is in no way intended to and should not be construed to be or to establish the standard of care applicable to physicians practicing in Mississippi. This information should not be regarded as legal advice.