



Patient Label OR Name:
MRN:
NRIC / PP No.:
Sex: M / F Age:

ACKNOWLEDGMENT BY INPATIENT COMPANION / CAREGIVER / VENDOR DURING COVID-19 PANDEMIC

PATIENT PARTICULAR (indicate N/A if not applicable)

Ward/Bed No.		Admission Date	
Primary Doctor			

COMPANION / CAREGIVER / VENDOR PARTICULAR

Name		NRIC / PP No	
Entry Date			
Purpose			

Note:

1. This form is valid for **ONE** applicant per **EACH** admission/entry.
2. Validity of Tests

Type	Validity
RT-PCR / Rapid-PCR	72 hours before entry
RTK-Ag	24 hours before entry
3. Companions / caregiver shall only be allowed in general wards. Vendors shall only be allowed in their work areas.
4. Only **ONE** companion / caregiver / vendor allowed for each patient/procedure at any single time.

Declaration & Acknowledgement

I, hereby declare that I am the caregiver / companion / vendor as named above.

1. Covid-19 Test Result / Swab (to attach a copy)
 - I agree to undergo a valid Covid-19 test at a different hospital/clinic and produce a copy of the result to the hospital.
 - I agree to undergo a Covid-19 swab test at OMSMC which will be billed at my own expenses.
2. I agree not to leave the hospital until the end of the patient admission/procedure. If I plan to leave the hospital at any point of time, I shall inform the hospital and comply with all restrictions imposed, including undergoing another Covid-19 test.
3. I acknowledge that if a different companion / caregiver / vendor takes over the care of the patient/procedure, they shall be subject to the same restriction and requirement imposed on all companions, caregiver or vendors.

I agree to comply with all hospital protocol on Covid-19 management, prevention and precaution. Failing which, the hospital may take the necessary action.

Companion/Caregiver/Vendor	Witness (Staff/Doctor)

Name:	Name:
Date:	Designation:
	Date:

Note:

- 1) For acknowledgment by companion/caregiver, RN shall file in patient folder.
- 2) For acknowledgment by Vendor, respective liaison HOU/HOD shall ensure completion before entry and submit the form to Safety Officer within 24 hours.