



**THE NAIROBI WEST HOSPITAL-INFECTIOUS DISEASE UNIT**

**INFORMED COVID-19 TEST CONSENT FORM**

I am an adult of sound mind and I do consent as below:

1. That my decision of opting for the COVID-19 test is voluntarily and not without any coercion from anyone.
2. That, even if I have been tested for COVID-19 and received a negative test result, the tests may fail to detect the virus or I may contract COVID-19 after the test.
3. That I have been advised and I am aware that the hospital offers both the PCR and Rapid Antigen for COVID Tests. However, I am at liberty to choose the type of test I prefer.
4. I acknowledge that while every attempt to release results within the stipulated period, unavoidable and unforeseeable circumstances beyond the control of The Nairobi West Hospital could arise. I shall not hold the hospital responsible for any such delays that may arise.
5. I understand that I am required to make my arrangements pertaining e.g. travel plans, medical procedures in line with the recommendations of The Ministry of Health (MOH) i.e 72 hours prior to the arrangements. I shall not hold the hospital liable for any loss, delays and disruptions that may be caused due to lack of proper planning and arrangements.
6. I understand that the Rapid Antigen Test is not currently approved by airlines and government authorities. Accordingly, if I choose to undertake the Rapid Antigen Test, I shall not hold the hospital liable for any claims and liabilities of the Rapid Antigen Test result being inadmissible.
7. I allow The Nairobi West Hospital to insert my photograph on my COVID 19 test report and any other requisite document as per the hospital protocol, and I shall not hold The Nairobi West Hospital liable for any infringement of privacy.
8. I allow The Nairobi West Hospital to share my COVID 19 result and any other requisite documents to any relevant and authorized authority including airlines.
9. I fully understand that COVID-19 is extremely contagious and is believed to spread from person-to-person contact and as a result, The Ministry of Health (MOH) has recommended social distancing and wearing of mask at work places, healthcare facilities and public places, and maintaining hand hygiene to reduce the spread of COVID-19.
10. Having read and understood the above provisions, I voluntarily consent to be tested for COVID-19 and shall not hold The Nairobi West Hospital liable for any eventualities from the test results.

*Please contact our COVID-19 Support line (0730 600 701) for any queries related to COVID-19*