

Banff Sport Medicine COVID-19 INFORMED CONSENT AGREEMENT

At Banff Sport Medicine we believe that all patients should be well informed about their surgery. Your surgeon would have explained the risks of your particular surgery to you at the time of your assessment, and these are also outlined in your surgery paperwork and on our website (www.banffsportmed.ca). With the COVID-19 pandemic there are some risks related to the virus that you should know about to be fully informed. **We believe it is safe to proceed with your surgery and are following all recommended guidelines.**

1. Vaccination against Covid-19 has been proven as the most effective way to prevent serious illness from the SARS-CoV-2 virus. However, it is still important for vaccinated patients to practice social distancing and wear masks in public places leading up to the time of elective surgery. It is recommended that unvaccinated patients self-isolate for the 7 days prior to elective surgery.
2. Patients undergoing elective surgery who have Covid-19, regardless of its severity, are at risk for more serious post-operative complications. These complications are more likely in older patients with underlying medical conditions such as diabetes, hypertension, obesity and asthma. For these individuals, performing a home Rapid Covid Test within 48 hours prior to elective surgery is recommended.
3. The most recent medical evidence shows that patients who have had Covid-19, regardless of severity, are more susceptible to serious post-op complications within 7 weeks of onset of symptoms or a positive test. It is important for your own health and safety to disclose any history of recent Covid-19 infection to our office and to be truthful with regard to Covid-19 screening questions in the immediate pre-op period. This includes any recent close contact with a confirmed Covid-19 case, or recent travel outside the country.

By accepting your surgery date you agree to the following:

- I agree to be truthful with any screening questions asked. **I understand I must honestly disclose this information to avoid putting myself and others at risk.**
- I agree to cooperate with infection control procedures and recommendations.

Patient Signature

Print Patient Name

Date

Signature of Witness
