



Informed consent for risk of same room/connecting room quarantine

I, _____, have been advised by _____ Hotel, Bangkok and _____ Hospital in case that I and the following family members /dependent companions;

- 1. _____ Relationship _____
- 2. _____ Relationship _____
- 3. _____ Relationship _____
- 4. _____ Relationship _____

should not be quarantined in the same room or in the connecting rooms which would increase the possibility of contracting COVID-19 among us. I and my family members/dependent companions are well aware that **Close contact of someone with COVID-19** could be from mild sickness to severe that could cause mortality.

I and my family members/dependent companions have accepted the risks and insist to be quarantined in the same room or connecting rooms. **If one is tested positive for COVID-19, the remainders must stay 14 more days** . If detected case, the remaining guest(s) have to restart quarantine from day 1. After separated from detected case, the remaining guest(s) are to Swab day 5 and day 12.

If detected case on day 13 of the quarantine, the quarantine for remaining guest(s) will start day 1 again on day 14.

I and my family members/ dependent companions will take all the responsibilities and any responsibility of the hospital and the hotel shall be excluded.

However, I and my family members/dependent companions will strictly follow the instructions which are:

- To wear a surgical mask all the time (except for children under 2 years old)
- To refrain from sharing personal belongings, kitchen wear, toiletries, etc.
- To always keep a distance from each other as much as possible at a minimum 1 meter
- To always wash hands before and after touching any shared surfaces, touching any area of the face.

And once there are any respiratory symptoms such as sore throat, runny nose, cough, sneezing, shortness of breath, loss of sense of smell, or fever, I will separate myself from others immediately and inform the hospital staff immediately.

I hereby give my consent regarding the above conditions

Sign _____ (_____) Date: _____ Time: _____

Guest Authorized person relationship _____

Sign _____ RN (_____) Date: _____ Time: _____

Sign _____ Witness (_____) Date: _____ Time: _____

Sign _____ Witness (_____) Date: _____ Time: _____