Supplementary Table 1: Declaration Form for COVID-19 Infection

NARAYANA NETHRALAYA

Declaration/screening form for COVID-19 infection

Date: Patient/Attender:

Name: Age/Sex: Contact no:

Address: Email ID:

1	Do you have symptoms of Fever, Cough, Sneezing, Sore throat, Fatigue, Myalgia?	Yes	No
2	Do you have difficulty in breathing?	Yes	No
3	Have you travelled outside the country in past 30 days?	Yes	No
If yes, mention the countries.			
4	Have you travelled inside India to other cities in past 30 days?	Yes	No
If yes, mention the cities.			
5	Exposure to a confirmed COVID-19 case OR to a suspicious patient in last 2 weeks?	Yes	No
6	Have you visited a health care facility in the past two weeks?	Yes	No

- The above information is true to the best of my knowledge. I understand that withholding/concealing the above information is unethical and illegal and against the interests of the global population fighting the COVID 19 pandemic.
- During the lockdown/post lockdown in the wake of the current COVID 19 pandemic, I have come to the hospital by myself voluntarily to avail Emergency Treatment/Treatment. If I am an asymptomatic carrier or an undiagnosed patient with COVID 19, I may endanger doctors and hospital staff, and therefore, it is my responsibility to take appropriate precautions and to follow the protocols prescribed by Government of India and other healthcare institutions.
- Despite all efforts taken by Hospital/Doctors/staff of Doctors to prevent COVID 19, which is explained to me, I understand that I may get an infection from the hospital or from a doctor, and I will take all precautions to prevent this from happening, and I will not at hold doctors, the hospital or its hospital staff accountable if such an infection occurs to me or my accompanying persons.
- If I hide my facts and relevant details and because of my intentional or unintentional behavior or action OR if any healthcare personnel get infected, I will be held responsible and appropriate legal actions shall be taken against me.

Verified by hospital staff:
Signature
Employee ID

Sign/Thumb impression/Parent's or guardian's if a minor