

## **PATIENT AGREEMENT FOR SURGERY**

I \_\_\_\_\_ will be having surgery at St. Joseph Center for Outpatient Surgery Center. In compliance with the Surgery Center guidelines, I agree to comply with the following.

1. I will practice social distancing of 6 feet from others as well as wear a mask anytime that I am out of my house for 14 days prior to my surgery. I will practice heightened hand washing. If at all possible, we suggest that you self-quarantine for 14 days prior to surgery.
2. I will go to an Outpatient Lab 3-5 days prior to my surgery at the scheduled time for mandatory COVID-19 testing. If I test positive, I will self-quarantine, follow up with my physician and my surgery will be postponed.
3. I will self-quarantine in my house to the fullest ability from the time of my COVID-19 test until I arrive for surgery. I will refrain from high risk areas and individuals along with wearing a mask at all times. I understand if I work in a high-risk environment, I need to discuss this with my physician and the facility for clearance.
4. I will launder my sheets 1 day before surgery so that I will have fresh, clean sheets for after surgery.
5. I will shampoo my hair the morning of surgery and will shower with chlorhexidine or antibacterial soap.
6. I am aware that my family/caregiver/visitor bringing me for my surgery will not be allowed to enter the facility, will be readily available when called and will be asked to provide a phone number for contact by the physician and staff.
7. If the patient is under 18 years of age or unable to speak for themselves, one person will be allowed to be in the surgery center with them and will be required to wear a mask at all times.
8. I will notify the surgery center if I develop any respiratory symptoms such as fever, cough, shortness of breath, etc. in the 2 weeks before surgery.
9. I will wear a mask when arriving to the surgery center.
10. I am aware that my temperature will be taken upon arrival to the surgery center and I will be evaluated for any symptoms of COVID. My surgery will be postponed if I have any symptoms.

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**Patient Signature**

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**Date**

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**Witness Signature**

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**Date**