



3. CONSENT FORM FOR COVID-19 PATIENTS WHO MEET THE CRITERIA FOR HOME-BASED ISOLATION AND CARE

CRITERIA CHECKLIST

MEETS CRETERIA	YES	NO
<input type="checkbox"/> Laboratory Confirmed COVID-19.		
<input type="checkbox"/> Asymptomatic patients or patients with mild symptoms of COVID-19.		
<input type="checkbox"/> Absence of co-morbidities.		
<input type="checkbox"/> Access to a suitable space for home-based care		

This consent is executed with the full knowledge of the patient's and health-care worker's obligations. When additional care is needed then urgent referral is effected to a designated Isolation Centre. The patient agrees to fully comply with all other government regulations regarding the management and control of COVID -19 and other existing laws of Kenya.

Patient Name _____ **Date:** _____

Signed _____

Seen by Health worker _____ **Date:** _____

Signed _____

Authorized MOH _____ **Date:** _____

Signed _____