

Declaration Regarding Airborne Virus Infection

I, the undersigned _____

born on _____

in _____

hospitalized on _____

in the department _____

of hospital / clinic _____

certify that I have protected myself prior to this hospitalization against infection by an airborne virus by wearing an N95 mask in all enclosed spaces and on public transport since _____.

On ___/___/2024 the following SARS-CoV-2 test(s) was/were performed:

- PCR test
- antigen test
- PoC-NAT (Point-of-Care Nucleic Acid Test)
- self-test

whose result(s) was/were negative.

I have noted that the hospital / clinic _____ no longer systematically screens patients admitted for surgery or scheduled hospitalization for COVID-19, and no longer requires universal masking by patients and visitors outside their room (or in their room if it's a shared room), nor by healthcare professionals in the presence of patients, even though it is recognized that the main mode of infection of SARS-CoV-2 is by airborne transmission.

This practice has been confirmed to me by _____ whom I have asked to sign below and who has agreed / refused to do so.

Therefore, I would hold the hospital/clinic _____ liable if I test positive for any SARS-CoV-2 infection during or after this hospitalization which would be presumed nosocomial.

Done at _____ on _____

in duplicate, one copy being given to _____ for inclusion in my medical record.

Signature: _____