



East Central Illinois EMS

Patient Agreement for Non-Transport during COVID-19 Pandemic

I, _____,
(patient's name)
_____ Hospital Online Medical Control being that my current
(name of the hospital)
health condition does not warrant transport to the Emergency Department at this time. I acknowledge that I was assessed, had an adequate opportunity to ask questions, and am comfortable with following the instructions provided to me by EMS and the online physician to manage my health condition at home without immediate transport to a hospital. I understand that if my condition worsens, I should seek medical care and that I can do this by contacting my physician or by calling 9-1-1 or by proceeding to a healthcare facility for care.

Patient's Name: _____

Address: _____

Patient's Signature: _____

Date: _____

EMS Provider Name: _____

EMS Provider Signature: _____ License #: _____

_____ License #: _____

Time: _____

EMS Run Sheet Number: _____