Consent Form

REHABILITATION NEEDS AFTER HOSPITALISATION FOR CORONAVIRUS DISEASE 2019:
AN OBSERVATIONAL STUDY

(Rehabilitation needs after coronavirus-19 (REACT) hospital treatment: an observational study)

I ___________________________________________________________

DECLARE

That I have received from ____________________________ on ___/___/______
comprehensive explanations regarding the request for participation in the study in question, as set out in
the information sheet, a copy of which was delivered to me on ___/___/______.

date ___/___/______

To the best of my knowledge, I declare

- I have been informed about the aims, procedures, duration of this study sponsored by the
  Department of Physical Medicine and Rehabilitation
- I have been provided with a summary of the information relating to the characteristics of the
  study, that I was able to discuss these explanations, that I was able to ask any questions I felt
  necessary and that I received satisfactory answers
- To be aware that I am free to refuse to participate in the study and that I may
  withdraw my consent at any time during the duration of the study
- My participation in the study is completely voluntary
- I have been informed and I agree that my data may be made available to
  not only to the study managers and their delegates, but also to national and international health
  authorities and the Ethics Committee, if requested
- I am informed that my data may be communicated to national and international scientific
  congresses national and international scientific congresses or publication for scientific reasons in
  national and international medical journals, but that in any case my identity will be protected
  by confidentiality (i.e. the data will always be always used in ANONYMOUS and AGGREGATED form)
- I □ Agree Do □ not agree that my GP is informed
- That I have been given a copy of this consent to hold

By signing this form I agree to participate in the above mentioned study.

________________________________________   __________  ________________
Name of Participant                        Date                          Signature

________________________________________   __________  ________________
Name of Researcher                         Date                          Signature