**Loan of oxygen concentrator from Metro Tabernacle A/G**

**Criteria**

1. Patient has been confirmed Covid-19 positive via PCR or RTK or home saliva test kit.
2. Patient is experiencing breathing difficulty; has an oximeter reading of below 90 and is waiting an available place to be admitted to hospital.
3. Patient has been **assessed by a medical doctor** and **deemed to be suitable for home monitoring** and meanwhile using the oxy concentrator.
4. Priority will be given to patients with low-income status who are unable to afford their own oxygen concentrator.

**Terms and conditions:**

1. Patient and family must learn how to use the oxygen concentrator correctly and operate it according to instructions to prevent malfunction.
2. Patient and family should bear the cost of the tubing and nasal canula. Exemptions may apply on case-to-case basis.
3. Patient and family should bear the cost of repair for damages to the unit due to the negligence of the users.
4. Patient and family should return the oxygen concentrator to Metro Tabernacle A/G in functioning condition once it is no longer required.
5. Arrangements for transport or transfer of the oxygen concentrator needs to be discussed and agreed upon with the church office.
6. The oxygen concentrator cannot be transferred to another location or person without express permission from the church.
7. Loan of oxygen concentrator will depend on current availability of unused units and is free of charge for usage.
8. Metro Tabernacle A/G made this oxygen concentrator available purely to assist patients in their time of needs and under the patient own doctor referral form (see attached) and upon signing this declaration of acceptance, patient & family members agreed to indemnify Metro Tabernacle A/G and individual representative appointed by Metro Tabernacle A/G of any liabilities.

**Declaration of acceptance of terms and conditions**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the above terms and conditions for the loan of one unit of oxygen concentrator from Metro Tabernacle A/G. I hereby agree to abide by the terms and conditions stipulated above.

I agree that the usage of the oxygen concentrator is not to avoid hospital admission for treatment and I or my family will not hold Metro Tabernacle A/G liable for any mishap.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

Name:

Tel no:

Address:

**从 美罗帐幕神召会 借用制氧机**

**标准：**

1. 患者已通过 PCR 或 RTK 或家庭唾液检测试确认新冠肺炎 （Covid-19） 呈阳性。
2. 患者呼吸困难；血氧低于 90，正在等待医院有床位入院。
3. 患者经医生评估，认为适合在家监护，同时使用制氧浓缩器。
4. 低收入、负担不起制氧机的患者为优先考虑。

**条款与条件:**

1. 患者及家属必须学会如何正确使用制氧机，并按说明书操作，以免发生故障。
2. 导管和鼻导管费用将由患者及家属承担。但可以根据个别具体情况申请豁免。
3. 若因用户疏忽导致制氧器损坏，维修费用将由患者及家属承担。
4. 一旦已不需要再使用，患者和家人应将制氧机完好的归回给教会。
5. 有关制氧机的移交和运送，可以通过与教会办公室商量而作出适当安排。
6. 未经教会明确许可，不能够将制氧机擅自转移到其他地点或供他人使用。
7. 所借用的制氧机，是供免费使用，但必须按当时是否还存有剩余没被借出的机器而定。
8. 教会提供此制氧机纯粹是为了帮助患者的及时需要，并根据患者自己的医生推荐（见附件），在签署此接受声明后才会将此制氧器借出，同时获取患者及其家人同意将不会要求美罗帐幕神召会或是教会委任的代表对所造成的任何事故负上赔偿的责任 。

**接受条款和条件的声明**

我, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 身份证号码: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_已阅读并理解上述有关从美罗帐幕神召会，所借出一台制氧机的条款和条件。我在此同意遵守上述条款和条件。

我同意使用制氧机不是为了避免住院治疗，我或我的家人也不会让 美罗帐幕神召会对任何不幸事故的发生负上责任。

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(签名)

姓名:

电话号码:

地址：